Meeting of the Virginia Board of Medicine

June 26, 2025
8:30 a.m.

Virginia Department of Health Professions

Board of Medicine
Thursday, June 26, 2025 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

Call to Order

Emergency Egress Procedures ..... **i**

Roll Call

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PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Agenda Item: Presentation of Cases for Possible Summary Suspension

Staff Note: The Office of the Attorney General and the Administrative Proceedings Division will present several cases for the Board's consideration to summarily suspend the license of the practitioners.

Action: The Board will vote to suspend the licenses or determine an alternative approach.

Agenda Item: **Approval of Minutes of the October 25, 2024**

Staff Note: Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

Action: Review and approve with or without corrections.

---DRAFT - UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

October 25, 2024 Department of Health Professions Henrico, VA 23233

CALL TO ORDER: Dr. Clements called the meeting to order at 8:35 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT:
John R. Clements, DPM – President & Chair
Peter J. Apel, MD – Vice-President
Thomas Corry – Secretary-Treasurer
Hazem Elariny, MD
Krishna P. Madiraju, MD
L. Blanton Marchese
Pradeep Pradhan, MD
Jennifer Rathmann, DC
William Hutchens, MD
Oliver Kim, JD, LLM
Deborah DeMoss Fonseca
Patrick McManus, MD
Kamlesh Dave, MD
Ken McDowell, DO
Michele Nedelka, MD
Leroy Brown Vaughan, Jr., MD
Mark Simcox, MD

MEMBERS ABSENT: Elliott Lucas, MD

COUNSEL PRESENT: M. Brent Saunders, JD – Senior Assistant Attorney General

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Colanthia Morton Opher - Deputy Exec. Director for Administration
Barbara Matusiak, MD - Medical Review Coordinator
Leslie Knachel – DHP Chief Operating Officer
Erin Barrett - Director of DHP Legislative and Regulatory Affairs
Deirdre Brown - Executive Assistant

OTHERS PRESENT:
W. Scott Johnson – Hancock, Daniel and Johnson, P.C.
Clark Barrineau – Medical Society of Virginia
Ben Traynham – Hancock, Daniel and Johnson, P.C.

Tamika Hines – Discipline and Compliance Case Manager
Sean Nealon – Discipline Reinstatement Case Manager
Coralyn Powell – Discipline Administrative Assistant
Roslyn Nickens – Licensing Supervisor
Shannon Decriscio – Licensing Specialist
Matt Novak – DHP Policy and Economic Analyst

EMERGENCY EGRESS INSTRUCTIONS

Dr. Apel provided the emergency egress instructions for Board Room 2.

INTRODUCTIONS

Dr. Clements asked all Board members and staff to introduce themselves.

SUMMARY SUSPENSION PRESENTATIONS

The Board received information from Sean Murphy, Senior Assistant Attorney General, regarding Steven Brewer, P.A., License No. 0110-004973, in order to determine whether his ability to practice as a physician assistant constituted a substantial danger to the public health and safety. Mr. Murphy provided details of the case for the Board's consideration.

On a motion by Mr. Marchese, and duly seconded by Dr. Pradhan, the Board determined that Mr. Brewer's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

The Board received information from Sean Murphy, Senior Assistant Attorney General, regarding Zhe Lin, D.O., License No. 0102-073370, in order to determine whether his ability to practice osteopathic medicine constituted a substantial danger to the public health and safety. Mr. Murphy provided details of the case for the Board's consideration.

On a motion by Mr. Corry, and duly seconded by Dr. Apel, the Board determined that Dr. Lin's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

The Board received information from Mandy Wilson, Assistant Attorney General, regarding Paul Spector, D.O., License No. 0102-023076, in order to determine whether Dr. Spector's ability to practice osteopathic medicine constituted a substantial danger to the public health and safety. Ms. Wilson provided details of the case for the Board's consideration.

On a motion by Mr. Corry, and duly seconded by Ms. DeMoss Fonseca, the Board determined that Dr. Spector's ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend his license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

The Board received information from David Robinson, Assistant Attorney General, regarding Rae'Nika Niles, R.T., License No. 0117-009836, in order to determine whether her ability to practice as a respiratory therapist constituted a substantial danger to the public health and safety. Mr. Robinson provided details of the case for the Board's consideration.

On a motion by Dr. Rathmann, and duly seconded by Mr. Marchese, the Board determined that Ms. Niles' ability to practice constituted a substantial danger to the public health and safety and voted to summarily suspend her license simultaneous with the institution of proceedings for a formal administrative hearing pursuant to Section 54.1-2408.1 of the Code of Virginia. The vote was unanimous.

APPROVAL OF MINUTES OF June 13, 2024

Dr. Apel moved to approve the minutes of June 13, 2024. The motion was properly seconded by Mr. Corry and carried unanimously.

ADOPTION OF AGENDA

Dr. Apel moved to approve the agenda as presented. The motion was properly seconded by Mr. Corry and carried unanimously.

PUBLIC COMMENT

None.

DHP DIRECTOR'S REPORT

Leslie Knachel, DHP Chief Operating Officer, reported in Mr. Owens' absence. Ms. Knachel reviewed the new security measures that have been implemented by the agency since the Board's last meeting. The new measures include walk-through metal detectors and x-ray scanning of items at the building's two entrance points. Ms. Knachel stated that a further security enhancement will be new badges for staff and Board members which should be available soon.

Ms. Knachel updated the Board on the Governor's, "Right Help, Right Now" with the Virginia Department of Behavioral Health and Developmental Services (DBHDS). Lastly, Ms. Knachel stated that DHP is currently gearing up for the 2025 General Assembly.

---DRAFT - UNAPPROVED---

REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

None.

VICE-PRESIDENT

None.

SECRETARY-TREASURER

None.

EXECUTIVE DIRECTOR

Budget Numbers as of June 30, 2024

Dr. Harp shared the Board's revenue and expenditures as of June 30, 2024. He reminded the Board that the fiscal year runs July 1st through June 30th. He noted that DHP is a special-funded agency, meaning that it gets no General Fund monies but rather relies on its fee revenue. Fees are set accordingly to fund the operations of the Board. He pointed out that calendar year 2025 will bring in less revenue than 2024 since the allied professions renew in the odd years. The cash balance as of June 20, 2024, was $13,975,213, which puts the Board in a solid position for FY2025.

Dr. Harp noted that in FY2021, Medicine was 27.2% of Enforcement's budget. In FY2024, it was down to 23.8%. The Board of Nursing now pays a greater percentage than does Medicine to both Enforcement and the Administrative Proceedings Division.

Update on the Ambra Viewer

Dr. Harp said that the Ambra Viewer, which is an "add-on" used to view imaging studies, has been approved and will soon be available to Board members viewing cases in BOX.

Update on Opioid Statistics

Dr. Harp shared an update on prescription opioid overdose deaths in the Commonwealth, stating that in 2017 there were 507 such deaths. In 2022, deaths were down to 340. The estimated number for 2024 is 246. In the past several years, the great majority of opioid deaths have been due to fentanyl. The recent quarterly reports indicate that deaths from fentanyl are decreasing as well, probably due to the increased availability of Narcan in the community.

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COMMITTEE AND ADVISORY BOARD REPORTS

Ms. DeMoss Fonseca moved to accept all reports since June 13, 2024 en bloc. The motion was properly seconded by Dr. Hutchens and carried unanimously.

OTHER REPORTS

Board Counsel – Brent Saunders, JD – Senior Assistant Attorney General

Mr. Saunders provided an update on 6 legal cases.

Board of Health Professions

Dr. Madiraju shared that "Right Help, Right Now" is addressing the mental health crisis and has implemented the new 988 number for the Suicide and Crisis Lifeline. It is accessible by phone, text or chat.

Podiatry Report

None.

Chiropractic Report

None.

Committee of the Joint Boards of Nursing and Medicine

Dr. Clements reported that the Committee of the Joint Boards of Nursing and Medicine met earlier this week to hear agency subordinate recommendations. There was no business meeting on October 23, 2024, so there were no items to report to the Board.

NEW BUSINESS

1. Current Regulatory Actions

   Ms. Barrett presented the chart of regulatory actions as of October 1, 2024, stating that that there are currently 15 regulatory actions in the Secretary's Office. She noted that a number will be moving to the Office of the Governor in the near future.

   This report was for informational purposes only and did not require any action.

2. Consideration of Fast-Track Amendment Regarding Attestation of CE Compliance on Licensure Applications

Ms. Barrett reviewed with the Board the draft changes to 18VAC85-20-240 that were recommended by the Credentials Committee at their meeting on September 20, 2024. The proposed amendment will remove the requirement of submitting CE documentation to the Board when reactivating an inactive license or reinstating an expired license. Rather, attestation that the applicant has obtained the required number of continued competency hours will mirror the renewal process.

MOTION: Dr. Hutchens moved to amend 18VAC85-20-240 by Fast-Track action as presented. Dr. Apel seconded, and the motion passed unanimously.

3. Consideration of Language for Physician Assistant Reinstatement

Ms. Barrett reviewed the draft changes to 18VAC85-50 to reinstate physician assistant (PA) licenses. Currently, when a PA license has lapsed for more than 2 year, the individual must apply for a new license. The draft language will bring the PA reinstatement process into alignment with all the other professions at the Board.

MOTION: Mr. Marchese moved to adopt a fast-track regulatory action regarding PA reinstatement as presented. Dr. Pradhan seconded, and the motion passed unanimously.

4. Notice of Intended Regulatory Action to Implement HB995

Ms. Barrett noted the requirement for regulations to implement HB995. This matter was discussed with the Legislative Committee at its meeting on September 13, 2024. At that time, the Committee recommended that the Board adopt a NOIRA to begin the regulatory process.

Dr. Apel explained to the Board members that the law describes 3 phases in the licensing process. He noted that the pathway does not involve a standard training license. Once the licensee is in the 3rd phase of the process, s/he will be able to practice across the Commonwealth.

MOTION: Mr. Marchese moved to adopt a Notice of Intended Regulatory Action (NOIRA) to implement the provisions of HB995 as recommended by the Legislative Committee. Dr. Apel seconded, and the motion carried with 15 yeas and 2 abstentions.

5. Consideration of American Allied Health as an Approved Provider for Surgical Technician Certification

Ms. Barrett stated that the Advisory Board on Surgical Assistants met on October 15, 2024 and discussed its concerns about the qualifications required for certification through American Allied Health (AAH). A main concern of the Advisory was that AAH only provides training online. Ms. Barrett also emphasized that the program certifies surgical technicians,

not surgical technologists, which are two different professional designations. The Advisory Board on Surgical Assistants recommended that the Board deny the approval of the AAH credential for certification as a surgical technologist.

Mr. Marchese stated that AAH names a third entity whose credential will qualify for licensure, which will help those who have been trained in the military or elsewhere, therefore adding a new pathway for licensure.

MOTION: Dr. Apel moved to approve the AAH credential of Surgical Technician for surgical technologist certification by the Board. Mr. Marchese seconded, and the motion carried with 16 yeas and 1 abstention.

6. Re-Entry to Practice

Dr. Harp shared that the Board had asked the Credentials Committee to review the Federation of State Medical Boards report on "Reentry to Practice." The Committee did so at its September 20, 2024, meeting and recommended no changes to the Board's current process for re-entry. The current process was deemed to meet the Board's mission of protecting the public due to its individualized approach.

The Board's discussion was favorable for the recommendation of the Credentials Committee; therefore, no action was needed.

7. Expiration of Applications

Dr. Harp noted that the Board's current policy for expiring applications allows the applicant to keep an application pending for 1 year. In some circumstances, an additional grace period of up to 1 month may be added. Therefore, an application may remain pending for up to 395 days. Dr. Harp stated that 100% of the endorsement applicants and reciprocity applicants from Maryland and DC are licensed quickly. A physician was licensed through endorsement in 1 day. The Maryland Board of Physicians' policy is to allow the applicant 90 days to complete an application. Dr. Harp explained that with the current 1-year expiration, an accurate picture of the work of the licensing specialists is difficult to ascertain. Dr. Harp then asked Ms. Opher to share more detail about the expiration of licenses.

Ms. Opher said that the Board used to receive the majority of supporting documentation for applications by snail mail. Since COVID-19, the Board has streamlined the required supporting documents for applicants and now receives most documents via email. It stands to reason that an applicant does not need a year to complete an application.

Dr. Harp noted that on September 20, 2024, the Credentials Committee suggested applications should remain open for 180 days. The majority of applicants are licensed within 180 days from the submission of an application. A shorter timeframe would encourage applicants to submit their supporting documentation in a timely manner. Dr. Harp suggested that the change be made on January 1, 2025, and allow those who apply through December

31, 2024, to have the 365 days. The manual process to expire applications can be met within the 180-day timeframe.

MOTION: Mr. Marchese moved to accept the recommendation of the Credentials Committee to expire pending applications after 180 days beginning on January 1, 2025. Dr. Pradhan seconded, and the motion passed unanimously.

8. Licensing Report

Mr. Sobowale stated that the number of Medicine's licensees is currently 92,713 plus an additional 21,696 individuals jointly licensed with the Board of Nursing. He said the Board has received 9,913 applications so far this year, and 9,483 have been issued. This gives the Board a 96% clearance rate. The average time to licensure is 46 days across all 20 professions.

Mr. Sobowale noted that on March 13, 2023, the Board initiated the reciprocity pathway with Maryland and DC. Virginia has issued 1,087 licensees through reciprocity to Maryland and DC physicians. A smaller number of Virginia physicians have been issued licenses from Maryland and DC.

Lastly, Mr. Sobowale introduced his new licensing specialist, Shannon Decriscio, to the Board. Ms. Decriscio will be processing MD applications. Mr. Sobowale said the Licensing Section currently has 2 vacancies, which puts a strain on the licensing specialists when they pitch in to help with other professions.

9. Discipline Report

Ms. Deschenes thanked Brent Saunders for his work and welcomed Ms. DeMoss Fonseca back to the Board. She brought the handout with Discipline's numbers to the attention of the Board members. She then reviewed the protocol/conduct expected of Board members during disciplinary hearings. Ms. Deschenes noted that Mr. Saunders should not be asked legal questions in open session, but to save those and comments/discussion with other Board members for closed session.

ANNOUNCEMENTS

Dr. Clements announced that the next Board meeting will be held on February 20, 2025, at 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:54 a.m.

---DRAFT - UNAPPROVED---

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William L. Harp, MD
Executive Director

Virginia's Physician Workforce: 2024

Healthcare Workforce Data Center

February 2025

Draft

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Visit us at: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

39,647 Physicians voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Draft

Virginia Department of Health Professions

Arne W. Owens
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

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Danville

Jennifer Rathmann, DC
Blacksburg

Mark Simcox, MD
Abingdon

Joel Silverman, MD
Richmond

Executive Director

William L. Harp, MD

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The Physician Workforce: At a Glance:

The Workforce

Licensees:	55,314
Virginia's Workforce:	29,756
FTEs:	27,909

Survey Response Rate

All Licensees:	72%
Renewing Practitioners:	87%

Demographics

% Female:	41%
Diversity Index:	56%
Median Age:	50

Background

Rural Childhood:	18%
Med. School in VA:	21%
Residency in VA:	26%

Top Certifications

Internal Medicine:	29%
Family Medicine:	15%

Finances

Median Inc.:	$250k - $275k
Health Benefits:	70%
Median Ed Debt:	$0k

Current Employment

Employed in Prof.:	95%
Hold 1 Full-time Job:	67%
Satisfied?:	93%

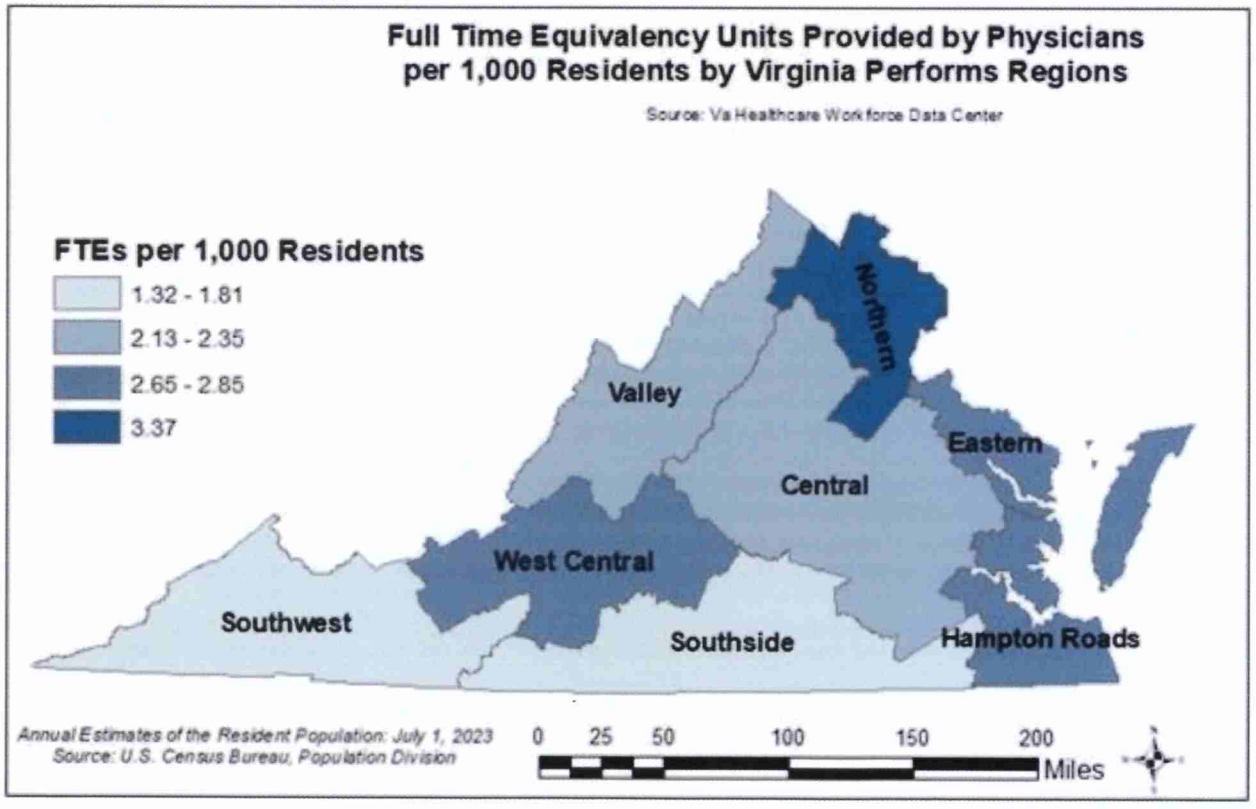
Job Turnover

Switched Jobs in 2024:	5%
Employed over 2 yrs:	68%

Primary Roles

Patient Care:	82%
Administration:	5%
Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

A total of 39,647 physicians voluntarily took part in the 2024 Physician Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place on a respondent's birth month during even-numbered years for physicians. These survey respondents represent 72% of the 55,314 physicians who are licensed in the state and 87% of renewing practitioners. The HWDC estimates that 29,756 physicians participated in Virginia's workforce during the survey period. Virginia's physician workforce provided 27,909 "full-time equivalency units" during the survey period.

Females are 41% of all physicians and 50% of female physicians under the age of 40. The median age of the physician workforce is 50. In a random encounter between two physicians, there is a 56% chance that they would be of different races or ethnicities. Overall, 6% of Virginia's physicians work in non-metro areas of the state.

Most physicians carry no educational debt. However, the median debt among those who do is between $150,000 and $160,000. The median annual income of physicians is between $250,000 and $275,000. Ninety-five percent of physicians are currently employed in the profession, and involuntary unemployment is nearly nonexistent. More than 9 out of 10 physicians indicated that they are satisfied with their current employment situation, including 57% who indicated they are "very satisfied".

Nearly half of all physicians work at a for-profit establishment, while 10% work for the federal government. Group private practices currently employ 33% of all physicians in Virginia, the most of any establishment type in the state. The inpatient (19%) and outpatient (15%) departments of hospitals are also common establishment types for Virginia's physician workforce. Four of every ten physicians expect to retire by the age of 65; 11% of the current workforce expect to retire in the next two years, while half of the current workforce expect to retire by 2044.

Summary of Trends

There were some key changes in the 2024 survey compared to the 2014 survey. Virginia's licensed physicians, physician workforce, and physicians' FTE increased. However, a considerable proportion of these may be exiting soon as retirement intentions increased this year. The percent intending to retire within 2 years increased for the first time since 2014 from 9% to 11% in 2022 and stayed at 11% in 2024. The percent of physicians who intend to retire by age 65 also increased from between 33% to 34% in the past years to 40% in 2024.

Gender and racial/ethnic diversity also increased for older physicians. The percent of physicians that were female increased from 36% in 2014 to 41% in 2024 even though the percent female for physicians under age 40 declined from 52% in 2014 to 50% in 2024. The racial and ethnic diversity index for physicians also increased from 51% in 2014 to 56% in 2024. The index, however, declined for those under age 40 from 60% in 2014 to 59% in 2024.

The educational and rural background results were nearly identical in the past four surveys. However, more physicians reported board certification. This is likely due to changes in licensing procedure which now require only 12 months of postgraduate training after medical school for physicians to be issued a full license. Further, the percent reporting certain certifications increased. For example, 29% reported internal medicine board certification compared to 23% in 2014. A slightly higher percent of physicians reported working in the non-profit sector; 36% reported working in the non-profit sector in 2024 compared to 26% in 2014.

The median education debt reported by physicians increased by $50,000 to $150,000-$160,000 between 2014 and 2024; $20,000 of the increase occurred in 2022 and another 20,000 in 2024. The median income for physicians increased from $175k-$200k in the 2014 survey to $200k-$225k in both the 2016 and 2018 surveys, is now $250k-$275k. The percent of physicians who were satisfied with their current employment situation declined to 93% from 94% in 2014.

The number of physicians who reported using telemedicine increased significantly from 10% in 2016 to 42% in 2022 but declined to 39% in 2024. The percent with a collaborative practice agreement with a nurse practitioner and physician assistant, however, increased from 15% to 24% and 10% to 18%, respectively, between 2016 and 2024.

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A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	45,398	82%
New Licensees	4,349	8%
Non-Renewals	5,567	10%
All Licensees	**55,314**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 87% of renewing physicians submitted a survey. These represent 72% of physicians who held a license at some point in 2024.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2024 on the birth month of each respondent.
2. **Target Population:** All physicians who held a Virginia license at some point in 2024.
3. **Survey Population:** The survey was available to physicians who renewed their license online. It was not available to those who did not renew, including physicians newly licensed in 2024.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 35	2,529	1,862	42%
35 to 39	3,140	4,456	59%
40 to 44	2,291	5,333	70%
45 to 49	1,657	5,408	77%
50 to 54	1,331	5,189	80%
55 to 59	1,136	4,805	81%
60 to 64	966	4,152	81%
65 and Over	2,617	8,442	76%
Total	**15,667**	**39,647**	**72%**
New Licenses			
Issued in 2024	4,349	0	0%
Metro Status			
Non-Metro	696	1,515	69%
Metro	5,280	21,497	80%
Not in Virginia	9,691	16,631	63%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	39,647
Response Rate, all licensees	72%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Physicians

Number:	55,314
New:	8%
Not Renewed:	10%

Response Rates

All Licensees:	72%
Renewing Practitioners:	88%

Source: Va. Healthcare Workforce Data Center

Draft

At a Glance:

Workforce

2024 Physician Workforce:	29,756
FTEs:	27,909

Utilization Ratios

Licensees in VA Workforce:	54%
Licensees per FTE:	1.98
Workers per FTE:	1.07

Source: Va. Healthcare Workforce Data Center

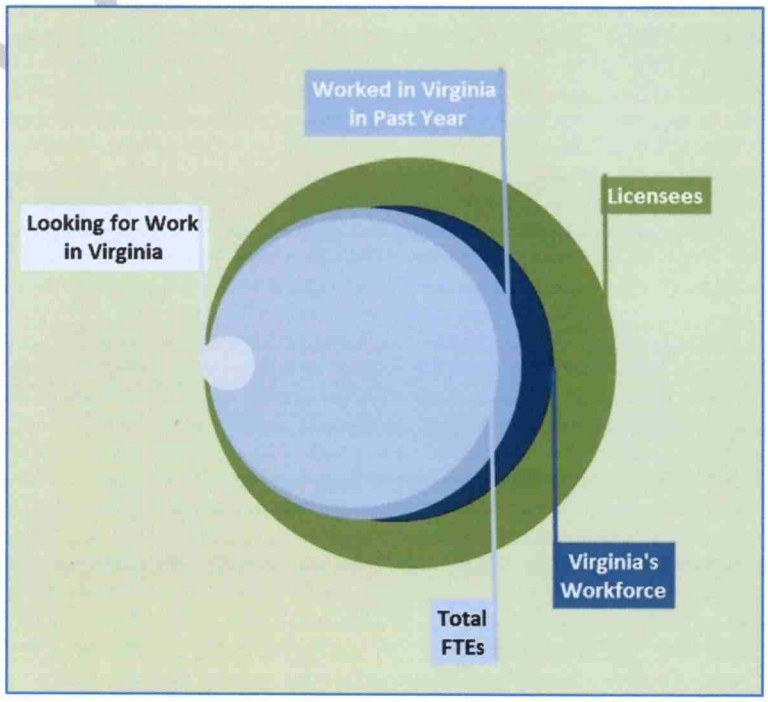
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Physician Workforce		
Status	#	%
Worked in Virginia in Past Year	29,424	99%
Looking for Work in Virginia	333	1%
Virginia's Workforce	**29,756**	**100%**
Total FTEs	**27,909**	
Licensees	**55,314**	

Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	970	48%	1,043	52%	2,013	8%
35 to 39	2,008	52%	1,883	48%	3,891	15%
40 to 44	1,808	51%	1,744	49%	3,552	14%
45 to 49	1,662	53%	1,458	47%	3,120	12%
50 to 54	1,607	55%	1,294	45%	2,902	11%
55 to 59	1,602	60%	1,052	40%	2,654	11%
60 to 64	1,565	66%	798	34%	2,363	9%
65 +	3,689	78%	1,072	23%	4,760	19%
Total	**14,911**	**59%**	**10,344**	**41%**	**25,255**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	41%
% Under 40 Female:	50%

Age

Median Age:	50
% Under 40:	23%
% 55+:	39%

Diversity

Diversity Index:	56%
Under 40 Div. Index:	59%

Source: Va. Healthcare Workforce Data Center

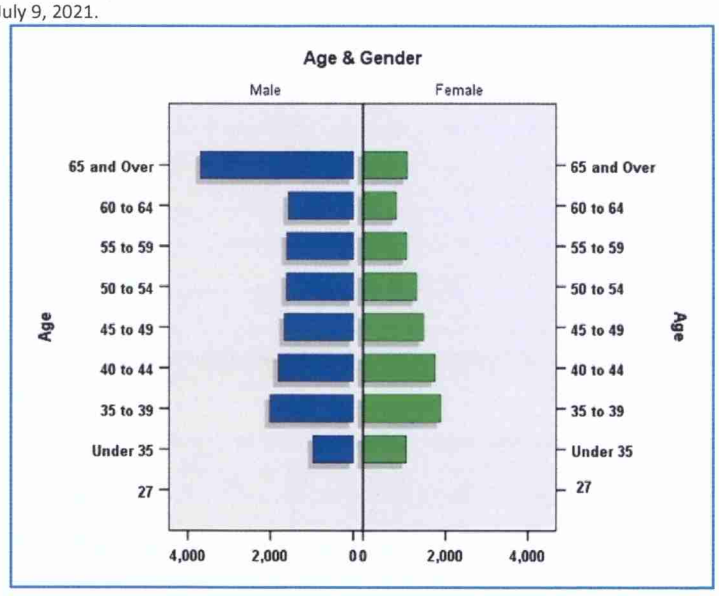
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Physicians		Physicians Under 40	
	%	#	%	#	%
White	59%	15,416	62%	3,461	60%
Black	19%	1,889	8%	364	6%
Asian	7%	4,906	20%	1,300	22%
Other Race	0%	955	4%	223	4%
Two or more races	3%	575	2%	199	3%
Hispanic	11%	974	4%	253	4%
Total	**100%**	**24,716**	**100%**	**5,800**	**100%**

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 9, 2021.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two physicians, there is a 56% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

23% of all physicians are under the age of 40, and half of these professionals are female. In addition, there is a 59% chance that two randomly chosen physicians from this group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	21%
Rural Childhood:	18%

Virginia Background

HS in Virginia:	22%
Med. School in VA:	21%
Init. Residency in VA:	26%

Location Choice

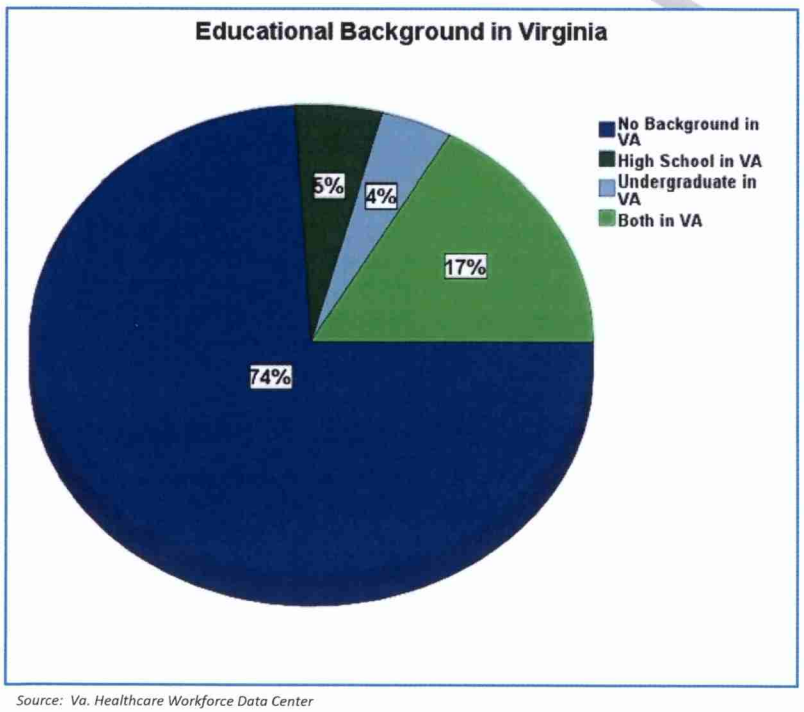
% Rural to Non-Metro:	12%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	15%	62%	23%
2	Metro, 250,000 to 1 million	27%	54%	19%
3	Metro, 250,000 or less	23%	60%	17%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adjacent	32%	47%	21%
6	Urban pop, 5,000-19,999, Metro adjacent	36%	49%	16%
7	Urban pop, 5,000-19,999, non adjacent	38%	42%	21%
8	Rural, Metro adjacent	37%	47%	16%
9	Rural, non adjacent	29%	48%	23%
	Overall	**18%**	**60%**	**21%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

18% of physicians grew up in self-described rural areas, and 12% of these professionals currently work in non-metro counties. Overall, 6% of Virginia's physician workforce work in non-metro areas of the state.

Top Ten States for Physician Recruitment

Rank	All Physicians			
	Medical School	#	Initial Residency	#
1	Virginia	5,073	Virginia	6,256
2	Outside U.S./Canada	4,943	New York	2,175
3	New York	1,618	Washington, D.C.	1,868
4	Pennsylvania	1,315	Pennsylvania	1,673
5	Washington, D.C.	1,224	Maryland	1,324
6	Maryland	1,062	North Carolina	1,056
7	North Carolina	797	Ohio	783
8	Ohio	592	Texas	749
9	West Virginia	570	California	689
10	Florida	559	Michigan	671

Source: Va. Healthcare Workforce Data Center

22% of physicians went to medical school in Virginia, while 26% completed their initial residency in the state.

Among physicians who have been licensed in the past five years, 19% received their medical degree in Virginia, while 24% completed their initial residency in the state.

Rank	Licensed in the Past 5 Years			
	Medical School	#	Initial Residency	#
1	Outside U.S./Canada	1,320	Virginia	1,500
2	Virginia	1,076	New York	564
3	Pennsylvania	371	Pennsylvania	450
4	New York	348	Washington, D.C.	336
5	Washington, D.C.	242	Maryland	333
6	Maryland	239	North Carolina	279
7	Ohio	237	Texas	255
8	Florida	227	Florida	218
9	North Carolina	170	California	211
10	Ohio	165	Ohio	185

Source: Va. Healthcare Workforce Data Center

46% of licensed physicians did not participate in Virginia's workforce in 2024. 94% of these physicians worked at some point in the past year, including 90% who currently work as physicians.

At a Glance:

Not in VA Workforce

Total:	25,667
% of Licensees:	46%
Federal/Military:	27%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Medical Schools		
School	#	%
Virginia Commonwealth	2,371	10%
University of Virginia	1,595	7%
Eastern VA Medical School	1,296	6%
Virginia College of Osteopathic Medicine	763	3%
Georgetown University	714	3%
Uniformed Services Univ. of the Health Sciences	652	3%
George Washington Univ.	600	3%
University of Maryland	440	2%
Drexel University	365	2%
Philadelphia College of Osteopathic Medicine	317	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Medical Schools

VCU: 10%
UVA: 7%
East. Va. Med. School: 6%

Top Certifications

Internal Medicine: 29%
Family Medicine: 15%
Pediatrics: 11%

Source: Va. Healthcare Workforce Data Center

Seven of every ten physicians do not carry any educational debt. For those with debt, median is $150K to $160K. However, among physicians who are under the age of 40, 58% carry education debt. The median debt is between $220,000 and $240,000.

Top 10 Board Certifications		
Area	#	%
Internal Medicine	7,342	29%
Family Medicine	3,809	15%
Pediatrics	2,853	11%
Surgery	2,293	9%
Psychiatry/Neurology	1,980	8%
Emergency Medicine	1763	7%
Anesthesiology	1415	6%
Obstetrics/Gynecology	1232	5%
Radiology	1078	4%
Orthopedic surgery	645	3%
At Least One Certification	25,367	86%

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Physicians		Physicians under 40	
	#	%	#	%
None	14,301	72%	1896	42%
$60,000 or less	1,327	7%	362	8%
$60,001-$100,000	767	4%	208	5%
$100,001-$150,000	619	3%	243	5%
$150,001-$240,000	975	5%	563	12%
$240,001-$340,000	856	4%	574	13%
More than $340,000	1,029	5%	691	15%
Total	19,874	100%	4,537	100%

Source: Va. Healthcare Workforce Data Center

Over one-quarter of Virginia's physician workforce hold a board certification in internal medicine. Overall, 86% of Virginia's physician workforce report at least one board certification.

Draft

At a Glance:

Gov't Programs

Medicare Participant:	19%
Medicare Non-Participating Provider:	66%
Medicaid Participant:	63%

Medical Services

Telemedicine:	39%
Meaningful Use of EHRs:	28%
CPA - NP:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Admitting Privileges		
Number of Facilities	#	%
Zero	10,703	46%
One	7,534	33%
Two	2,393	10%
Three	1,038	4%
Four or more	1,462	6%
Total	**23,130**	**100%**

Source: Va. Healthcare Workforce Data Center

19% of Virginia's physician workforce participates in the Medicare program, while 66% are non-participating Medicare providers, that is, they do not accept Medicare reimbursement across all services but do so on a case-by-case basis. In addition, 63% of physicians participate in Virginia's Medicaid program.

Medical Services/Activities		
Service	#	%
Telemedicine or Remote Consulting	11,559	39%
Achieve Meaningful Use of EHRs	8,391	28%
Collaborative Practice Agreement – Nurse Practitioner	7,091	24%
Collaborative Practice Agreement – Physician Assistant	5,283	18%
Participate in an Accountable Care Organization	3,680	12%
Collaborative Practice Agreement - Pharmacist	1,315	4%
At least One Service	**15,927**	**54%**

Source: Va. Healthcare Workforce Data Center

Gov't Program Participation		
Medicare Participating Provider		
Yes	5,607	19%
No	23,564	81%
Total	**29,171**	**100%**
Medicare Non-Participating Provider		
Yes	19,203	66%
No	9,967	34%
Total	**29,170**	**100%**
Medicaid Participating Provider		
Yes	18,296	63%
No	10,874	37%
Total	**29,170**	**100%**

Source: Va. Healthcare Workforce Data Center

Draft

At a Glance:

Employment
Employed in Profession: 95%
Involuntarily Unemployed: <1%

Positions Held
1 Full-Time: 67%
2 or more Positions: 15%

Weekly Hours:
40 to 49: 32%
60 or more: 21%
Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	67	<1%
Employed in a medicine or osteopathy related capacity	23,305	95%
Employed, NOT in a medicine or osteopathy related capacity	229	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	22	<1%
Voluntarily unemployed	252	1%
Retired	610	3%
Total	**24,485**	**100%**

Source: Va. Healthcare Workforce Data Center

Draft

95% of physicians are currently employed in the profession, and less than 1% are involuntarily unemployed. Over two-thirds of all physicians currently hold one full-time job, while 15% have multiple positions. Just 32% of physicians work between 40 and 49 hours per week, while slightly less than one-quarter work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	884	4%
One Part-Time Position	3,303	14%
Two Part-Time Positions	869	4%
One Full-Time Position	15,930	67%
One Full-Time Position & One Part-Time Position	2,147	9%
Two Full-Time Positions	98	0%
More than Two Positions	557	2%
Total	**23,788**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	884	4%
1 to 9 hours	541	2%
10 to 19 hours	653	3%
20 to 29 hours	1,109	5%
30 to 39 hours	2,731	12%
40 to 49 hours	7,139	32%
50 to 59 hours	4,451	20%
60 to 69 hours	2,833	13%
70 to 79 hours	854	4%
80 or more hours	1,047	5%
Total	**22,242**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	409	3%
Less than $100,000	764	5%
$100,000-$149,999	1,450	9%
$150,000-$199,999	1,885	12%
$200,000-$249,999	3,012	18%
$250,000-$300,999	2,385	15%
$300,000-$349,999	2,142	13%
$350,000-$399,999	1,299	8%
$400,000-$499,999	1231	8%
$500,000 or more	1,789	11%
Total	**16,366**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $250k-$275k

Benefits
Employer Health Ins.: 70%
Employer Retirement: 70%

Satisfaction
Satisfied 93%
Very Satisfied: 57%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	13,565	57%
Somewhat Satisfied	8,568	36%
Somewhat Dissatisfied	1,377	6%
Very Dissatisfied	382	2%
Total	**23,892**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical physician earned between $225,000 and $250,000 in 2024. In addition, among physicians who received either an hourly wage or a salary at their primary work location, 70% received health insurance and 70% had access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Health Insurance	13,920	60%	70%
Retirement	14,108	61%	70%
Paid Vacation	11,924	51%	61%
Dental Insurance	12,731	55%	65%
Group Life Insurance	9,789	42%	51%
Paid Sick Leave	9,365	40%	49%
Signing/Retention Bonus	4,559	20%	24%
At Least One Benefit	**16,561**	**71%**	**81%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

Draft

A Closer Look:

Underemployment in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	104	<1%
Experience Voluntary Unemployment?	941	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	471	2%
Work two or more positions at the same time?	4,110	14%
Switch employers or practices?	1,340	5%
Experienced at least one	**6,157**	**21%**

Source: Va. Healthcare Workforce Data Center

Less than 1% of Virginia's physicians experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9%.[1]

At a Glance:

Unemployment Experience 2024

Involuntarily Unemployed: <1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 5%
New Location: 16%
Over 2 years: 68%
Over 2 yrs, 2nd location: 56%

Employment Type

Salary/Commission: 65%
Business/Pract. Income: 14%
Hourly Wage: 13%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	674	3%	310	5%
Less than 6 Months	849	4%	503	9%
6 Months to 1 Year	1,666	7%	602	10%
1 to 2 Years	4,182	18%	1,186	20%
3 to 5 Years	4,893	21%	1,256	21%
6 to 10 Years	3,468	15%	813	14%
More than 10 Years	7,288	32%	1,232	21%
Subtotal	**23,020**	**100%**	**5,903**	**100%**
Did not have location	378		23,742	
Item Missing	6,359		111	
Total	**29,756**		**29,756**	

Source: Va. Healthcare Workforce Data Center

68% of physicians have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

65% of physicians received a salary at their primary work location, while 14% earned an hourly wage and another 14% earned income from their own business or practice.

Employment Type		
Primary Work Site	#	%
Salary/Commission	10,874	65%
Hourly Wage	2,288	14%
Business/Practice Income	2,281	14%
By Contract	998	6%
Unpaid	327	2%
Subtotal	16767	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate from November 2024 was still preliminary, and the unemployment rate from December 2024 had not yet been released.

Work Site Distribution

At a Glance:

Concentration

Top Region:	31%
Top 3 Regions:	76%
Lowest Region:	1%

Locations

2 or more (2023):	26%
2 or more (Now*):	24%

Source: Va. Healthcare Workforce Data Center

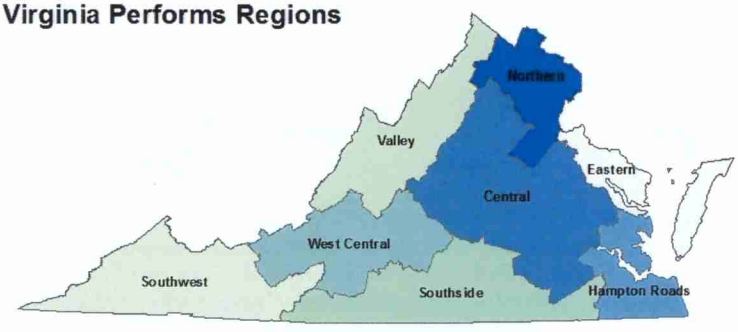
31% of all physicians work in Northern Virginia, the most of any region in the state. In addition, one-quarter of all physicians work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	5,654	25%	1,014	18%
Eastern	269	1%	105	2%
Hampton Roads	4,397	19%	991	17%
Northern	7,115	31%	1,751	30%
Southside	472	2%	140	2%
Southwest	602	3%	189	3%
Valley	1,180	5%	280	5%
West Central	2,356	10%	541	9%
Virginia Border State/DC	278	1%	211	4%
Other US State	361	2%	554	10%
Outside of the US	15	0%	16	0%
Total	**22,699**	**100%**	**5,792**	**100%**
Item Missing	6,333		104	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	330	1%	798	3%
1	16,907	73%	16,740	72%
2	2,327	10%	2,428	11%
3	2,740	12%	2,544	11%
4	416	2%	340	2%
5	203	1%	159	1%
6 or More	300	1%	215	1%
Total	**23,224**	**100%**	**23,224**	**100%**

*At the time of survey completion, December 2024.

Source: Va. Healthcare Workforce Data Center

24% of all physicians currently have multiple work locations, while 26% of physicians have had at least two work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	9,638	46%	2,846	53%
Non-Profit	7,619	36%	1,931	36%
State/Local Government	1,587	8%	285	5%
Veterans Administration	623	3%	96	2%
U.S. Military	1,326	6%	140	3%
Other Federal Government	170	1%	40	1%
Total	**20,963**	**100%**	**5,338**	**100%**
Did not have location	378		23,742	
Item Missing	8,416		676	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

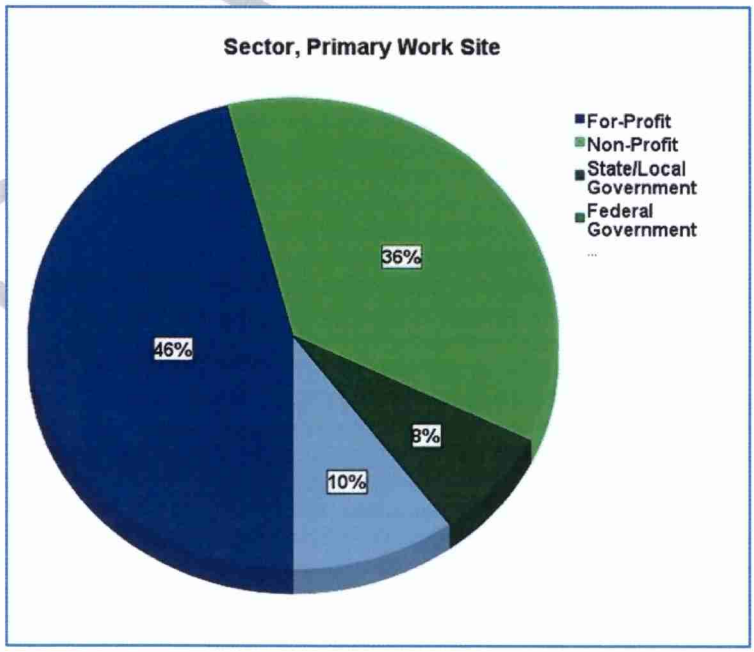
For Profit:	46%
Federal:	10%

Top Establishments

Group Private Practice:	33%
Hospital – Inpatient:	19%
Hospital – Outpatient:	15%

Source: Va. Healthcare Workforce Data Center

82% of all physicians work in the private sector, including 46% who work at for-profit establishments. Another 10% of Virginia's physician workforce work for the federal government.

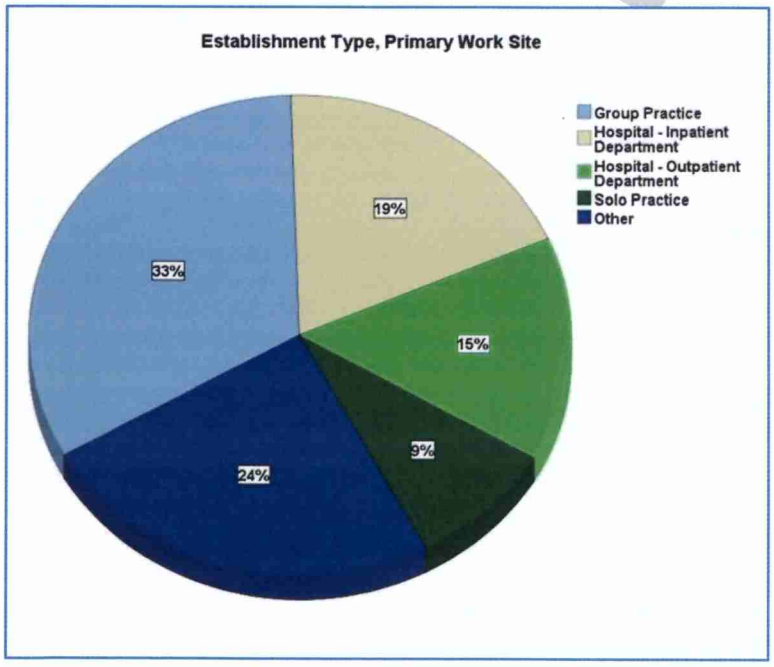


Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	6,819	33%	1,555	30%
Hospital - Inpatient Department	3,918	19%	1,129	22%
Hospital - Outpatient Department	3,132	15%	610	12%
Solo Practice	1.840	9%	373	7%
Hospital - Emergency Department	1,429	7%	484	9%
Community Clinic/Outpatient Care Center	1,019	5%	260	5%
Medical/Osteopathic School or Parent University	659	3%	125	2%
Mental Health Facility	187	1%	75	1%
Nursing Home/Long-Term Care Facility	140	1%	55	1%
Outpatient Surgical Center	116	1%	65	1%
Insurance Organization	106	1%	28	1%
Supplier Organization	23	0%	9	0%
Other	1,390	7%	460	9%
Total	**20,778**	**100%**	**5,228**	**100%**
Did Not Have a Location	380		22,197	

Source: Va. Healthcare Workforce Data Center

Group private practices are the most common establishment type among Virginia's physicians with a primary work location. The inpatient and outpatient departments of hospitals are also typical primary establishment types.



Source: Va. Healthcare Workforce Data Center

Private insurance is the most accepted payment type among Virginia physicians.

Accepted Forms of Payment		
Payment	#	%
Private Insurance	18,746	93%
Cash/Self-Pay	17,196	85%
Medicare	17,168	85%
Medicaid	16,873	83%

Source: Va. Healthcare Workforce Data Center

Draft

At a Glance:
(Primary Locations)

A Typical Physician's Time

Patient Care:	80%-89%
Administration:	1%-9%
Education:	1%-9%

Roles

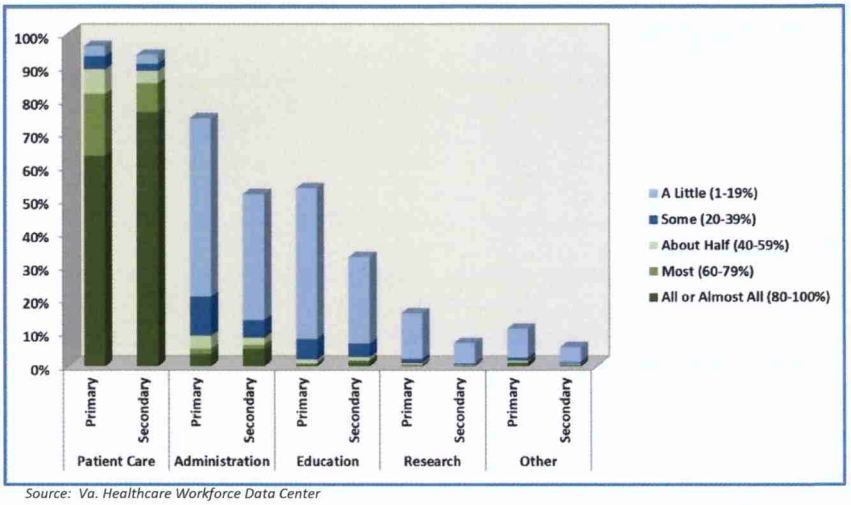
Patient Care:	82%
Administrative:	5%
Education:	1%

Patient Care Physicians

Median Admin Time:	1%-9%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical physician spends most of their time in patient care activities. In fact, 82% of all physicians fill a patient care role, defined as spending at least 60% of their time in that activity. Another 5% of physicians fill an administrative role.

Draft

Time Allocation

Time Spent	Patient Care		Admin.		Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	63%	76%	3%	5%	1%	1%	0%	0%	1%	0%
Most (60-79%)	19%	9%	2%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	7%	4%	4%	2%	1%	1%	0%	0%	0%	0%
Some (20-39%)	4%	2%	12%	5%	6%	4%	1%	0%	1%	0%
A Little (1-19%)	3%	3%	54%	38%	45%	26%	14%	6%	9%	4%
None (0%)	4%	6%	26%	48%	47%	67%	84%	93%	89%	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Number of Patients/Week

Primary (Median):	50-74
Secondary (Median):	1-24

Accepts New Patients?

Primary:	54%
Secondary:	45%

Medicare/Medicaid

New Medicare Patients:	67%
New Medicaid Patients:	75%

Source: Va. Healthcare Workforce Data Center

54% of physicians are accepting new patients at their primary work location.

A Closer Look:

Patient Care Activities Predominantly Primary Care?				
Response	Primary Location		Secondary Location	
	#	%	#	%
Yes	7,436	42%	1,447	36%
No	13,263	58%	3,758	64%
Total	**20,699**	**100%**	**5,205**	**100%**
Question Inapplicable to Respondent	1,724		24,172	

Source: Va. Healthcare Workforce Data Center

Accepting New Patients? Yes				
Response	Primary Location		Secondary Location	
	#	%	#	%
I can accept some additional patients	6,806	32%	1,137	21%
I can accept many additional patients	4,835	22%	1,322	24%
No/Not Applicable				
I do not manage my patient load at this location	6,660	31%	2,126	38%
I do not provide patient care at this location	1,989	9%	761	14%
I cannot accept any additional patients	1242	6%	178	3%
Total	**21,532**	**100%**	**5,524**	**100%**

Source: Va. Healthcare Workforce Data Center

Patients Visits Per Week				
Number of Visits	Primary Location		Secondary Location	
	#	%	#	%
None	1,971	9%	728	13%
1 to 24	3,893	18%	2,420	44%
25 to 49	4,851	22%	1,201	22%
50 to 74	4,327	20%	535	10%
75 to 99	3,171	15%	259	5%
100 to 124	1,941	9%	198	4%
125 to 149	639	3%	69	1%
150 or more	844	4%	132	2%
Total	**21,637**	**100%**	**5,542**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical physician treats between 1 and 24 patients per week at their primary work location.

New Patient Capacity				
Number of Patients	Primary Location		Secondary Location	
	#	%	#	%
Less than 50	4,538	40%	1,049	43%
50 to 99	2,627	23%	541	22%
100 to 199	1,792	16%	314	13%
200 to 299	723	6%	177	7%
300 to 399	352	3%	84	3%
400 to 499	288	3%	52	2%
500 to 749	279	2%	50	2%
750 to 999	112	1%	19	1%
1,000 or more	639	6%	176	7%
Total	**11,350**	**100%**	**2,462**	**100%**

Source: Va. Healthcare Workforce Data Center

Among physicians who are accepting new patients at their primary work location, 40% can accept no more than 50 patients, while 23% can accept between 50 and 99 new patients.

Among physicians who are accepting new patients at their primary work location, 76% are accepting new Medicaid patients and 67% are accepting new Medicare patients.

Accepting New Medicare/Medicaid Patients?				
Response	Primary Location		Secondary Location	
	#	%	#	%
Medicaid				
Yes	8,820	76%	1,918	77%
No, I am not a Medicaid provider	2,118	18%	430	17%
No, I am a Medicaid Provider, but am not accepting new Medicaid patients	705	6%	127	5%
Total	**11,643**	**100%**	**2,475**	**100%**
Medicare				
Yes	12,959	67%	-	-
No	6,407	33%	-	-
Total	**19,366**	**100%**	**-**	**-**

Source: Va. Healthcare Workforce Data Center

Status Change for New Medicaid Patients in Past Year?				
Response	Primary Location		Secondary Location	
	#	%	#	%
Yes	542	5%	143	6%
No	11,176	95%	2349	94%
Total	**11,718**	**100%**	**2,492**	**100%**

Source: Va. Healthcare Workforce Data Center

Among physicians who are accepting new patients at their primary work location, 95% have seen no change in their status concerning new Medicaid patients over the past 12 months.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Physicians		Physicians Over 50	
	#	%	#	%
Under age 50	324	2%	-	-
50 to 54	815	4%	88	1%
55 to 59	1,956	10%	427	4%
60 to 64	4,618	24%	1,935	20%
65 to 69	5,903	31%	3,184	32%
70 to 74	2,966	15%	2,148	22%
75 to 79	1,081	6%	892	9%
80 or over	517	3%	438	4%
I do not intend to retire	1,170	6%	706	7%
Total	19,351	100%	9,818	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Physicians

Under 65:	40%
Under 60:	16%

Physicians 50 and over

Under 65:	25%
Under 60:	5%

Time until Retirement

Within 2 years:	11%
Within 10 years:	33%
Half the workforce:	By 2044

Source: Va. Healthcare Workforce Data Center

Nearly four of every 10 physicians expect to retire before the age of 65, while about a third plan on working until at least age 70. Among physicians who are age 50 and over, 25% still expect to retire by age 65, while 42% plan on working until at least age 70.

Within the next two years, just 1% of Virginia's physicians expect to leave the profession and 3% plan on leaving the state to practice medicine elsewhere. Meanwhile, 6% of physicians plan on increasing patient care hours, and 4% also plan to pursue additional educational opportunities.

Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	446	1%
Leave Virginia	807	3%
Decrease Patient Care Hours	3,314	11%
Decrease Teaching Hours	237	1%
Increase Participation		
Increase Patient Care Hours	1,895	6%
Increase Teaching Hours	1,866	6%
Pursue Additional Education	1,227	4%
Return to Virginia's Workforce	90	0%

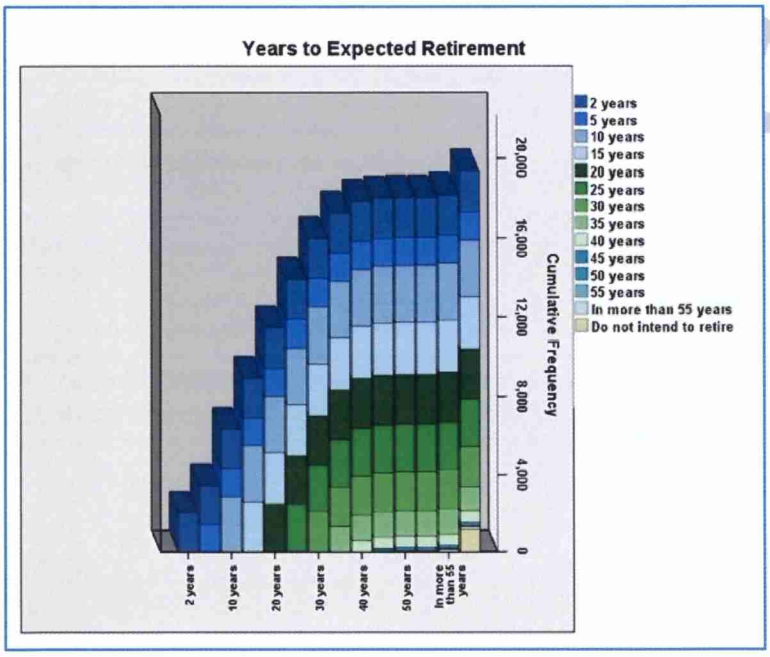
Source: Va. Healthcare Workforce Data Center

Draft

By comparing retirement expectation to age, we can estimate the maximum years to retirement for physicians. 11% of physicians expect to retire within the next two years, while 33% plan on retiring in the next ten years. Half of the current physician workforce expect to be retired by 2044.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	2,033	11%	11%
5 years	1,423	7%	18%
10 years	2,876	15%	33%
15 years	2,610	13%	46%
20 years	2,516	13%	59%
25 years	2,450	13%	72%
30 years	2,063	11%	83%
35 years	1,301	7%	57%
40 years	581	3%	92%
45 years	173	1%	93%
50 years	33	0%	93%
55 years	2	0%	93%
In more than 55 years	120	1%	94%
Do not intend to retire	1,170	6%	100%
Total	**19,351**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2026. Retirement will peak at 15% of the workforce in 2034 before declining to under 10% of the current workforce again around 2059.

Full-Time Equivalency Units

At a Glance:

FTEs

Total:	27,909
FTEs/1,000 Residents[3]:	3.20
Average:	0.95

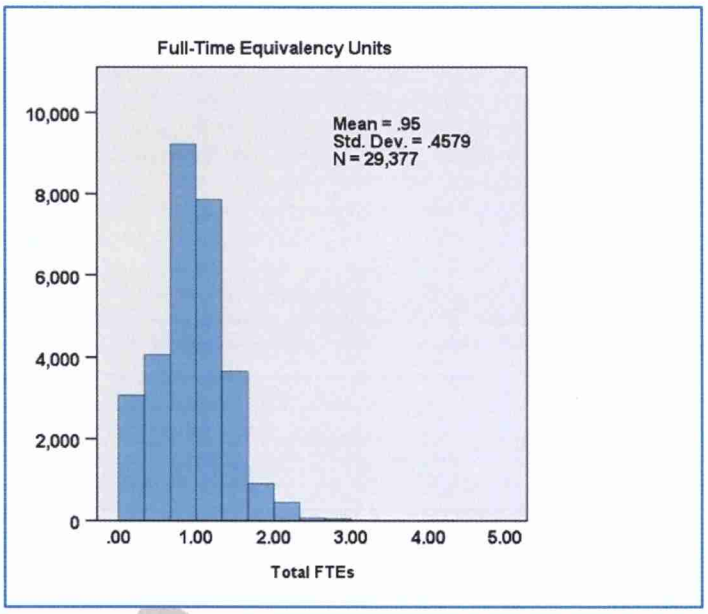
Age & Gender Effect

Age, Partial Eta[4]:	Small
Gender, Partial Eta[4]:	Small

Partial Eta[4] Explained:
Partial Eta[4] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

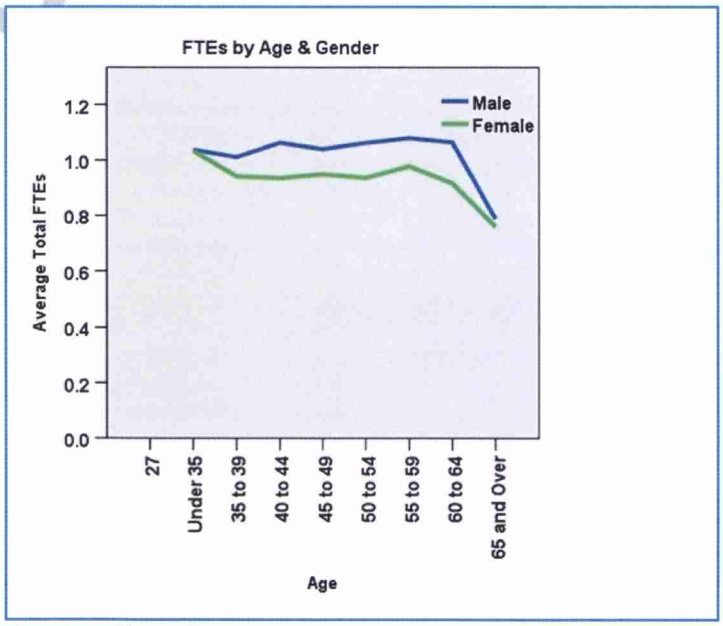


Source: Va. Healthcare Workforce Data Center

The typical physician provided 0.94 FTEs in 2024, or approximately 37.6 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[4]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	1.04	1.07
30 to 34	0.97	0.94
35 to 39	1.01	1.03
40 to 44	0.97	0.88
45 to 49	0.98	0.88
50 to 54	1.02	0.94
55 to 59	1.00	0.91
60 and Over	0.76	0.65
Gender		
Male	0.99	1.01
Female	0.93	0.95

Source: Va. Healthcare Workforce Data Center



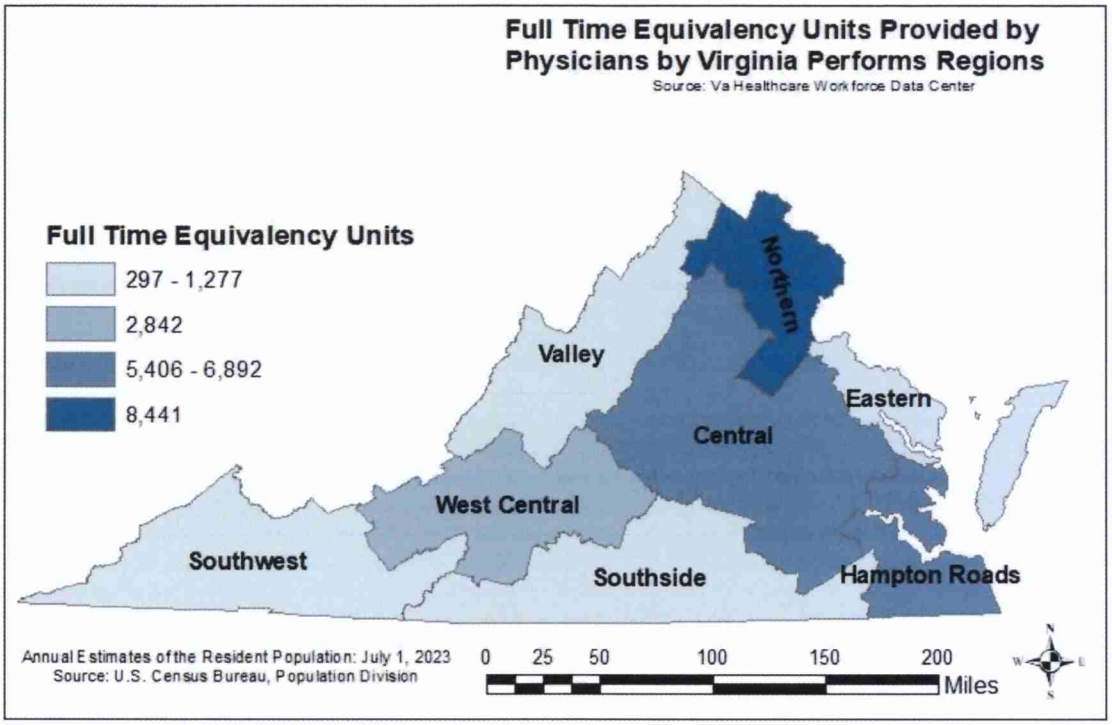
Source: Va. Healthcare Workforce Data Center

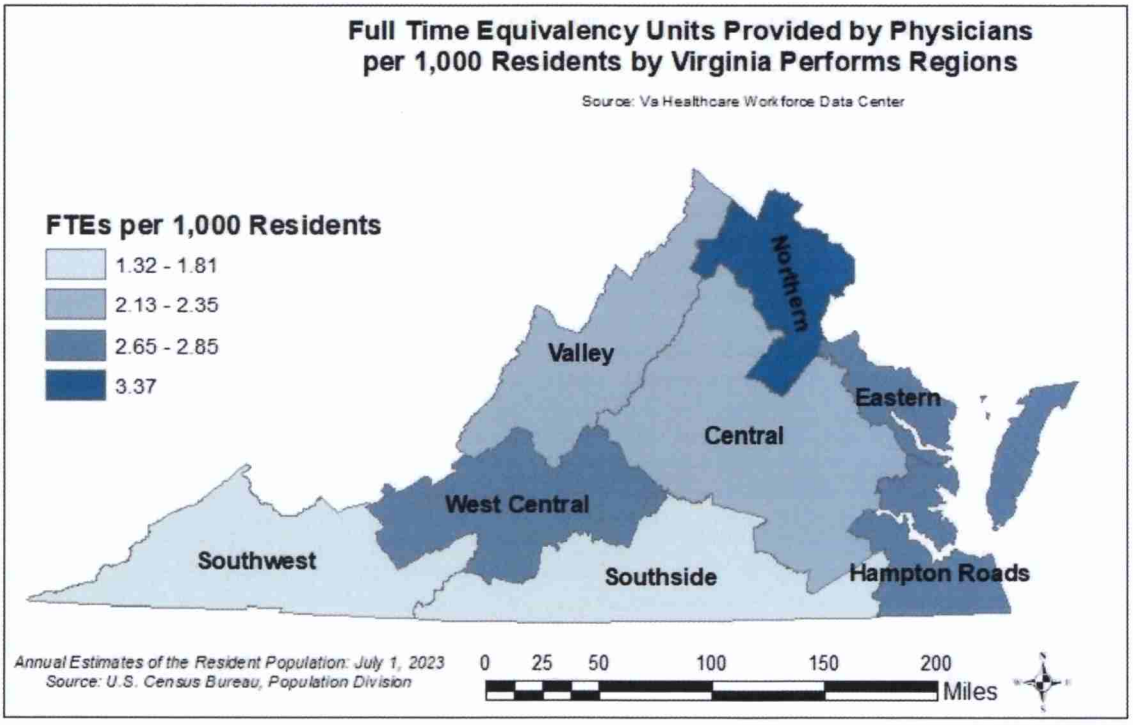
[3] Number of residents in 2023 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

Draft

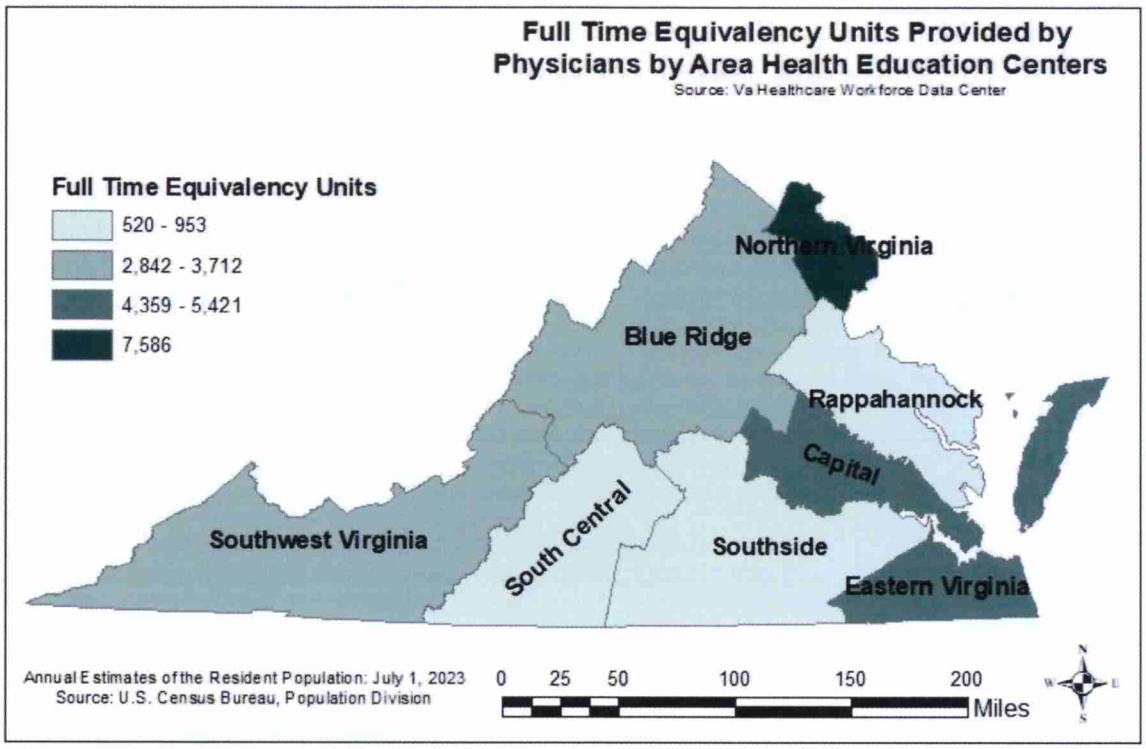
Maps

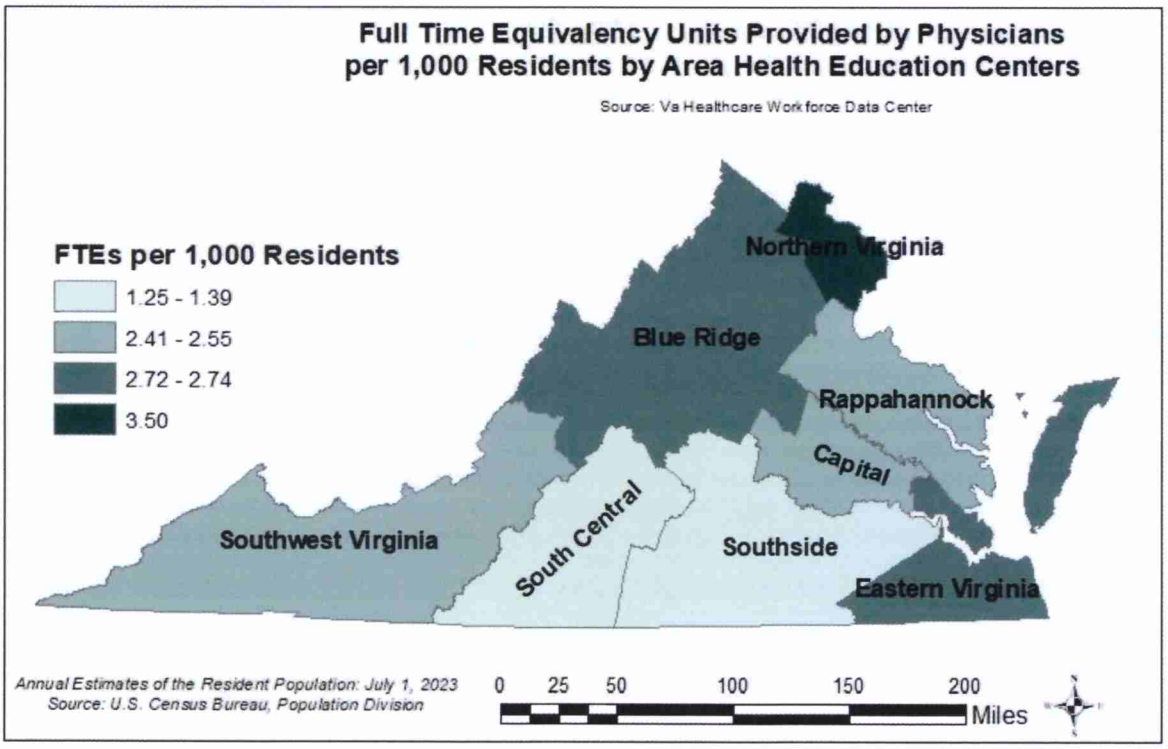
Virginia Performs Regions



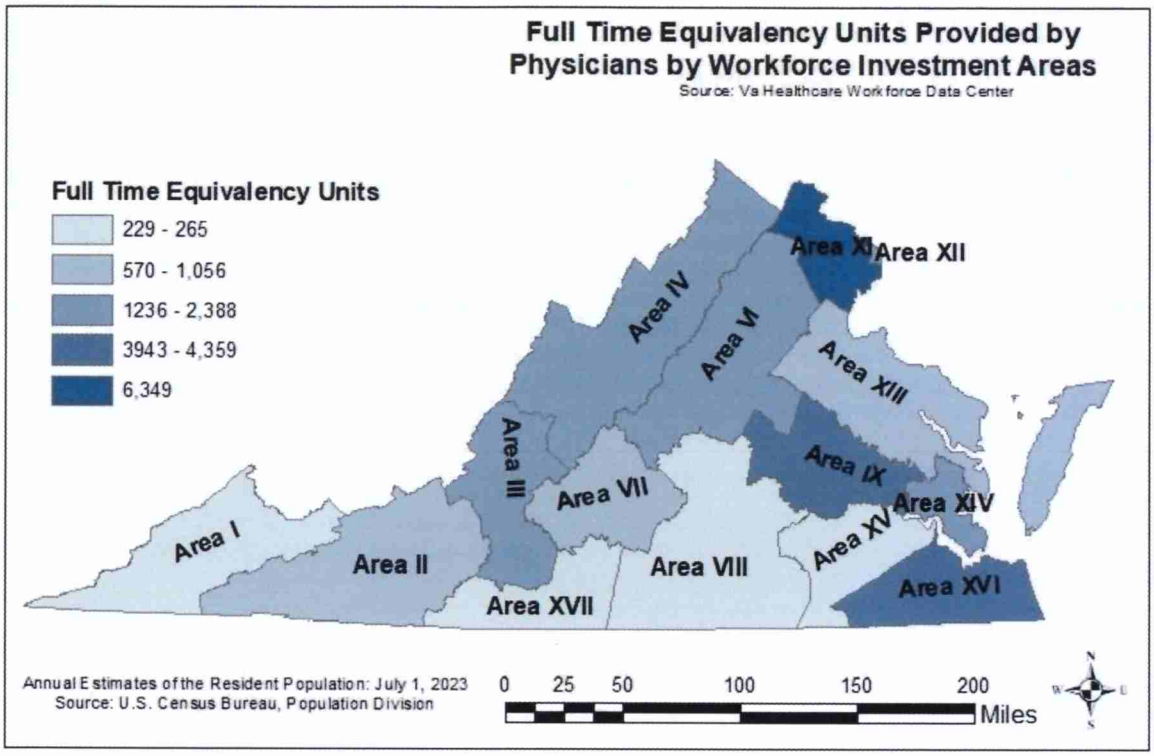


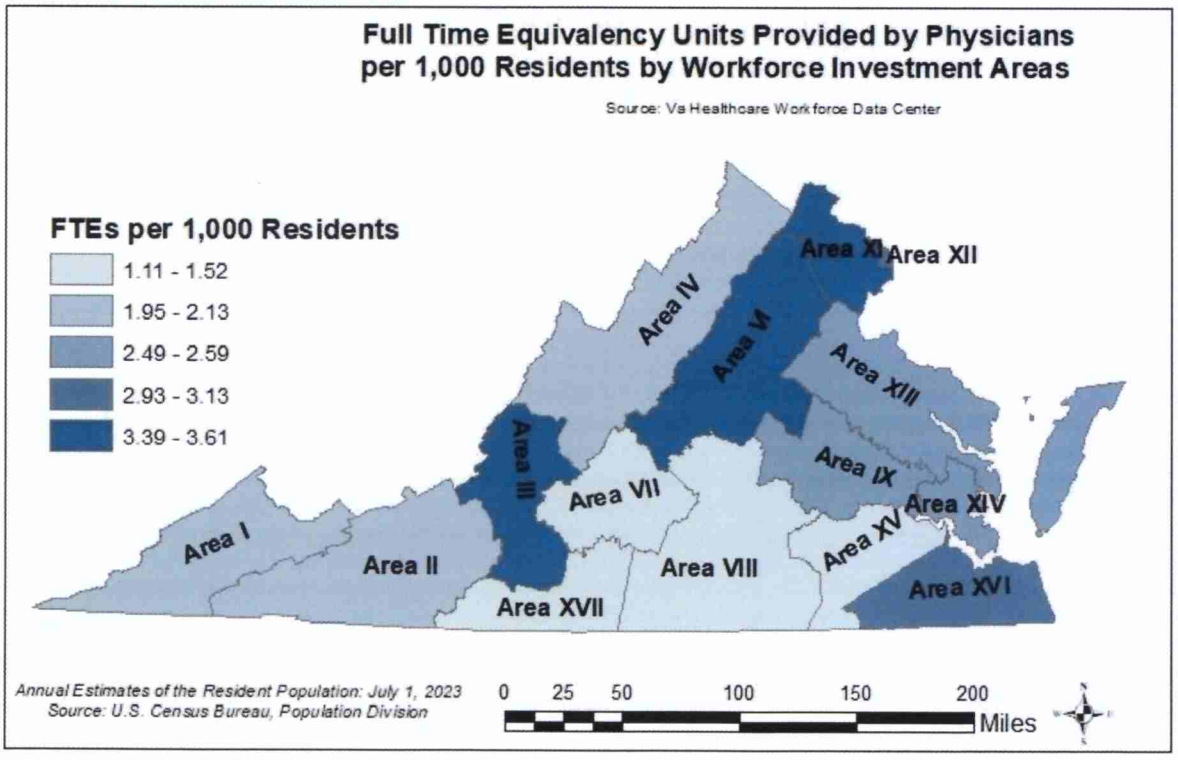
Area Health Education Center Regions



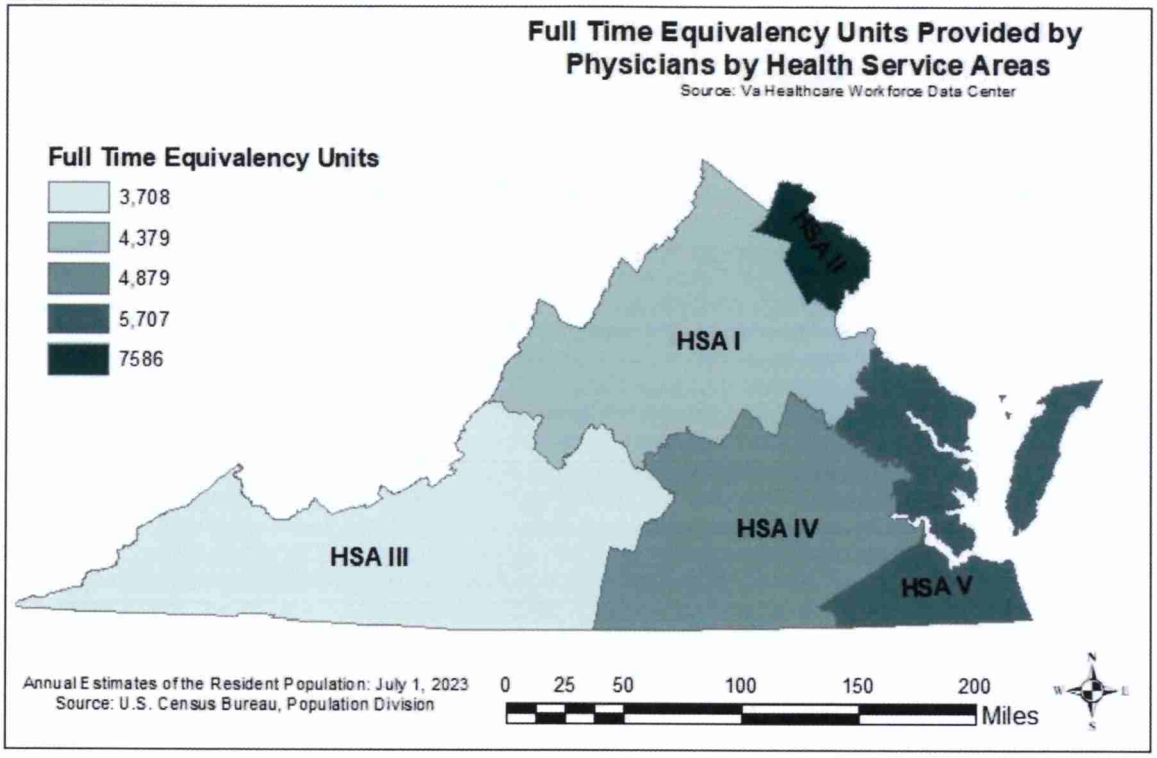


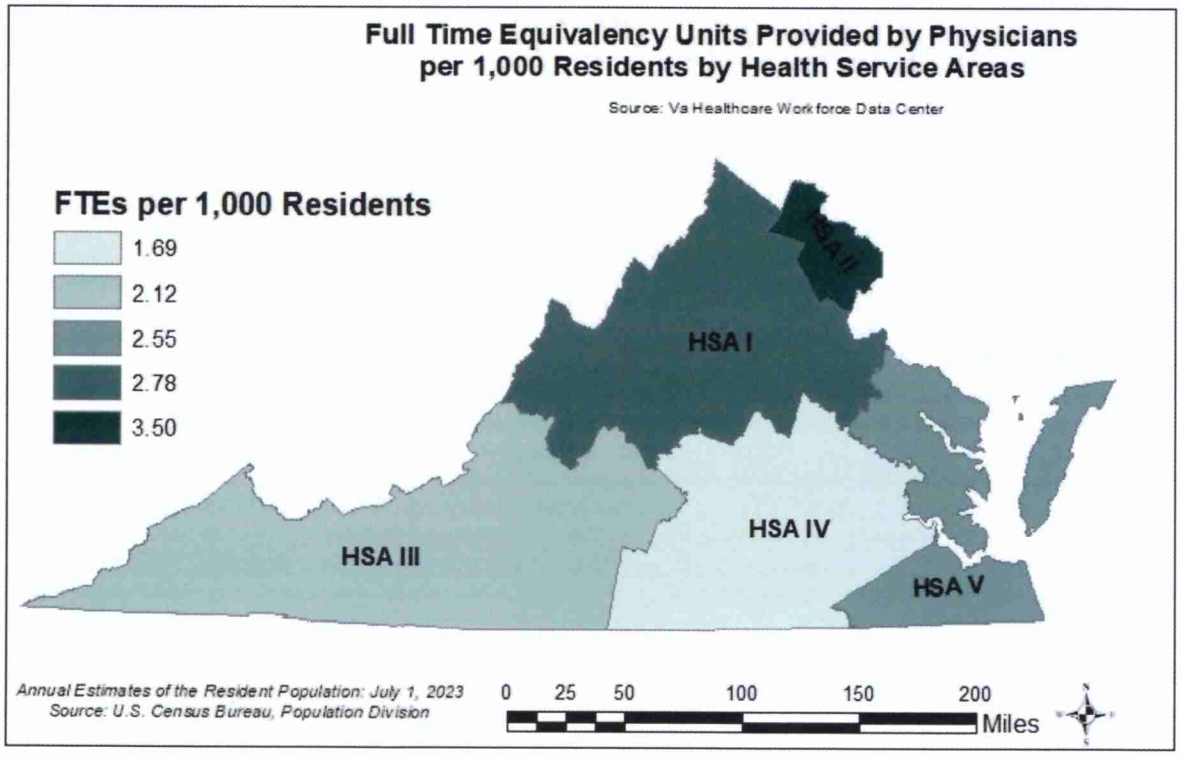
Workforce Investment Areas



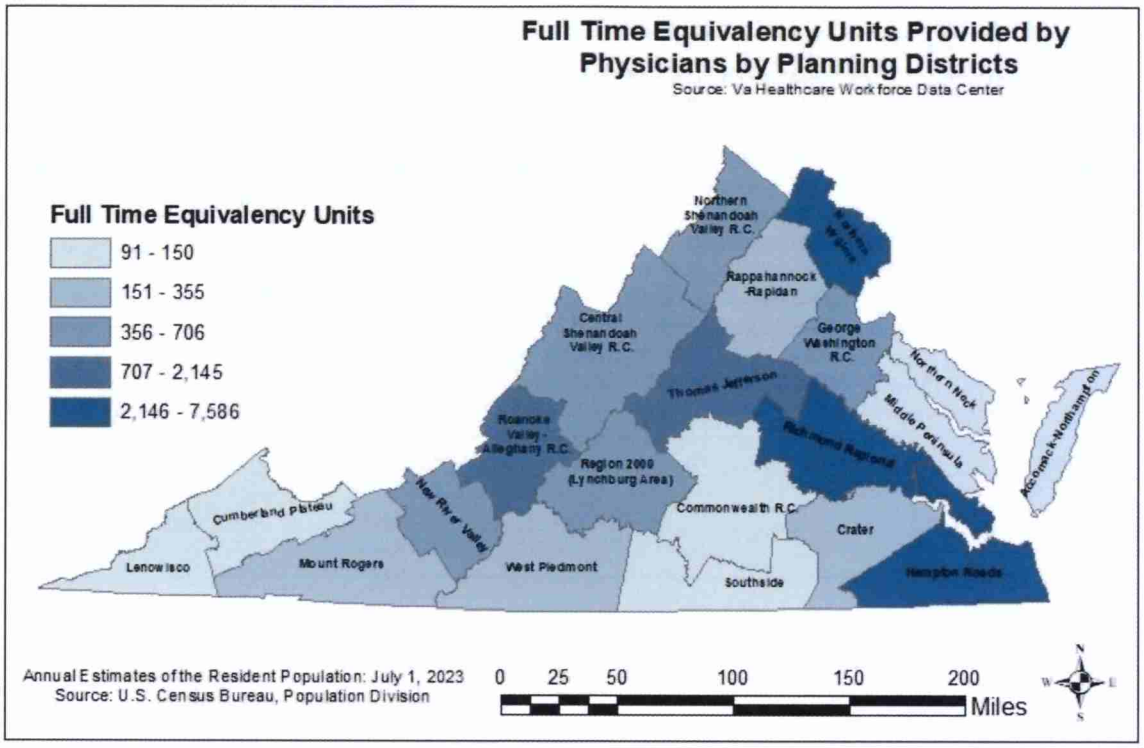


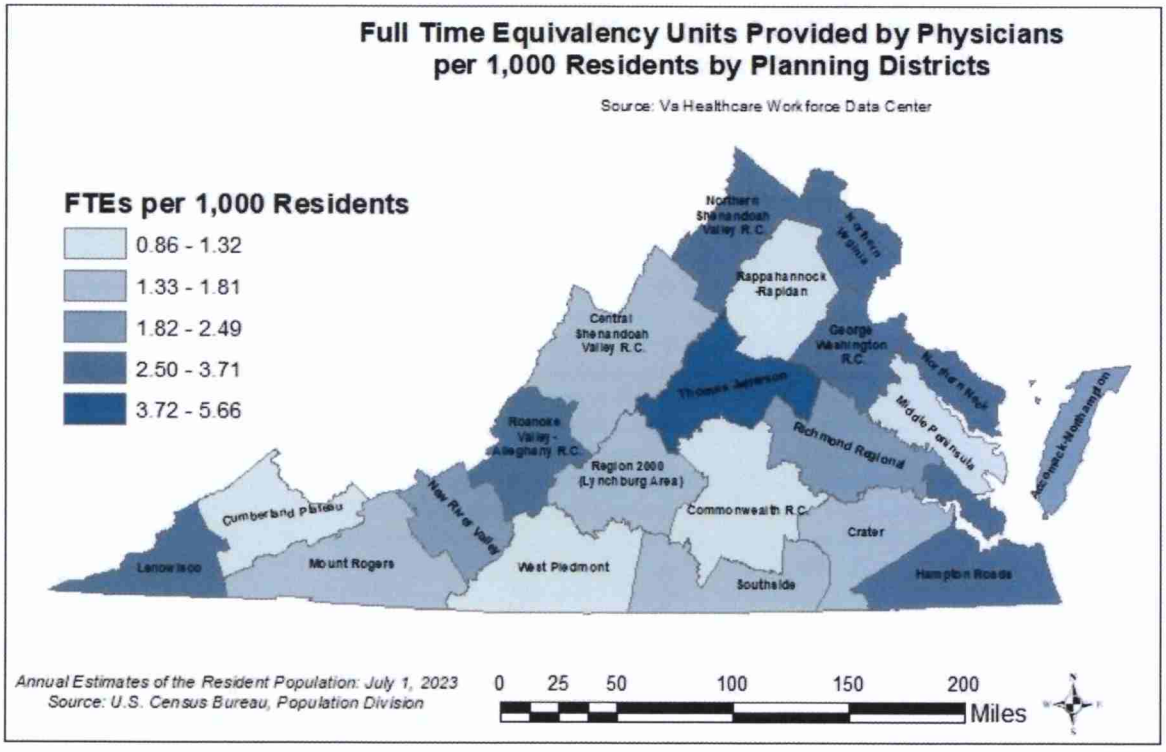
Health Services Areas





Planning Districts





Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	19,943	80.90%	1.236162	1.092178	2.089462
Metro, 250,000 to 1 million	2,525	78.85%	1.268207	1.120491	2.143627
Metro, 250,000 or less	4,309	78.28%	1.277498	1.1287	2.159331
Urban pop 20,000+, Metro adj	190	85.26%	1.17284	1.036231	1.982429
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 5,000-19,999, Metro adj	728	68.41%	1.461847	1.291577	2.470934
Urban pop, 5,000-19,999, nonadj	328	84.45%	1.184116	1.046194	2.001489
Rural, Metro adj	777	58.04%	1.722838	1.522168	2.912081
Rural, nonadj	188	67.55%	1.480315	1.307893	2.502149
Virginia border state/DC	10,875	67.03%	1.49177	1.318014	2.52151
Other US State	15,447	60.47%	1.653677	1.461063	2.79518

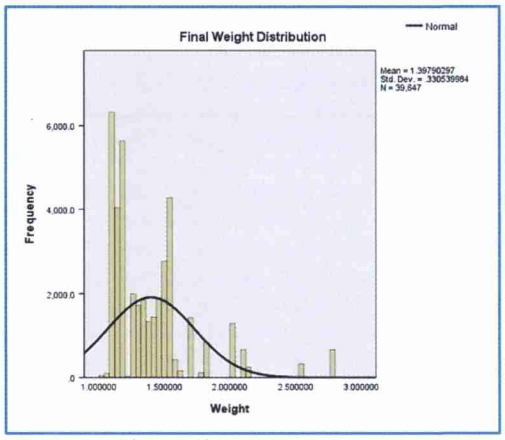
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.71676



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	4,391	42.40%	2.358217	1.982429	2.912081
35 to 39	7,596	58.66%	1.704668	1.433025	2.105036
40 to 44	7,624	69.95%	1.429589	1.201781	1.765351
45 to 49	7,065	76.55%	1.306398	1.09822	1.613226
50 to 54	6,520	79.59%	1.256504	1.056277	1.551614
55 to 59	5,941	80.88%	1.23642	1.039394	1.526813
60 to 64	5,118	81.13%	1.232659	1.036231	1.522168
65 and Over	11,059	76.34%	1.309998	1.101246	1.617671

Source: Va. Healthcare Workforce Data Center

Agenda Item: **DHP Agency Director's Report**

Staff Note: All items for information only

Action: None.

Agenda Item: **Report of Officers**

Staff Note:

- President
- Vice-President
- Secretary-Treasurer
- Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Executive Director's Report**

Staff Note: All items for information only.

Action: None.

EXECUTIVE DIRECTOR REPORT

1. FINANCES
2. 2026 BUDGET DERIVATION BY 7/1/25
3. LICENSING SECTION REORGANIZED ON 6/1/25
4. BOARD ADMINISTRATOR
5. NEW PGY-4 BEGINS ROTATION ON 7/3/25
6. DESIGNATION OF CONTINUING EDUCATION FOR 2026-2027
7. UPCOMING MEETINGS

PSYCHOLOGIST PRESCRIBING WORK GROUP – 7/9/25

2025 Regular Session - SB752

Board of Psychology; prescriptive authority for clinical psychologists work group; report. Directs the Boards of Psychology and Medicine to jointly convene a work group with stakeholders to study the education, training, and qualifications of clinical psychologists licensed in the Commonwealth and assess under what conditions it may be appropriate for clinical psychologists to be granted prescriptive authority. The bill requires the work group to report its findings to the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2025.

THERAPEUTIC INTERCHANGE WORK GROUP – 8/12/25

2025 Regular Session - SB745

Board of Pharmacy; therapeutic interchange; work group; report. Directs the Board of Pharmacy to convene a work group of relevant stakeholders to review the current authority of pharmacists to initiate therapeutic interchange and make recommendations to streamline and modernize the therapeutic interchange process in the Commonwealth. The bill also directs the work group to submit a report to the Governor and the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 15, 2025.

BUDGET ITEM 285 – 8/20/25

Budget Amendments - HB1600 (Conference Report) - Item 285 #2c

Workgroup on Behavioral Health Medication Management

"B. The Board of Medicine and the Board of Nursing shall convene a workgroup to study best practices regarding patient medication management for behavioral health medications to children and adolescents, provider-patient communication with respect to medication management, and provider availability when a child or adolescent is prescribed a behavioral health medication. The workgroup shall include representatives from relevant professional organizations, healthcare stakeholders, subject matter experts, and parents of children receiving behavioral health medications. The workgroup shall report its findings and recommendations to the Chairs of the House Committee of Health and Human Services and the Senate Committee on Education and Health by December 1, 2025."

FY 2025 Budget / Actual through February 2025
Virginia Department of Health Professions
Includes: (base budget, salary/benefit budget, and other budget accounts)

Period Ending:	**2/28/2025**
% of the Year Completed:	**67%**
Department ID:	**10200**
Department Name:	**Board of Medicine**
Fund	**9223**

	Allocated Expenditures	
30100	Data Center	869,476.25
30200	Human Resources	127,921.35
30300	Finance	343,146.86
30400	Director's Office	164,932.85
30500	Enforcement	2,059,943.85
30600	Administrative Proceedings	605,740.31
30700	Impaired Practitioners	-0.35
30800	Attorney General	299,705.32
30900	Board of Health Professions	11,515.15
31100	Maintenance and Repairs	1,251.40
31300	Emp. Recognition Program	1,133.58
31400	Conference Center	1,589.67
31500	Pgm Devlpmnt & Implmentn	82,828.59
31600	Healthcare Work Force	81,344.37
		4,650,529.20

YTD Direct and Allocated Expenditures	
Direct Expenditures	2,452,180.73
Allocated Expenditures	4,650,529.20
Total Expenditures	7,102,709.93

FY 2025 Budget / Actual through May 2025
Virginia Department of Health Professions
Includes: (base budget, salary/benefit budget, and other budget accounts)

Period Ending: 5/31/2025
% of the Year Completed: 92%
Department ID: 10200
Department Name: Board of Medicine
Fund 09223

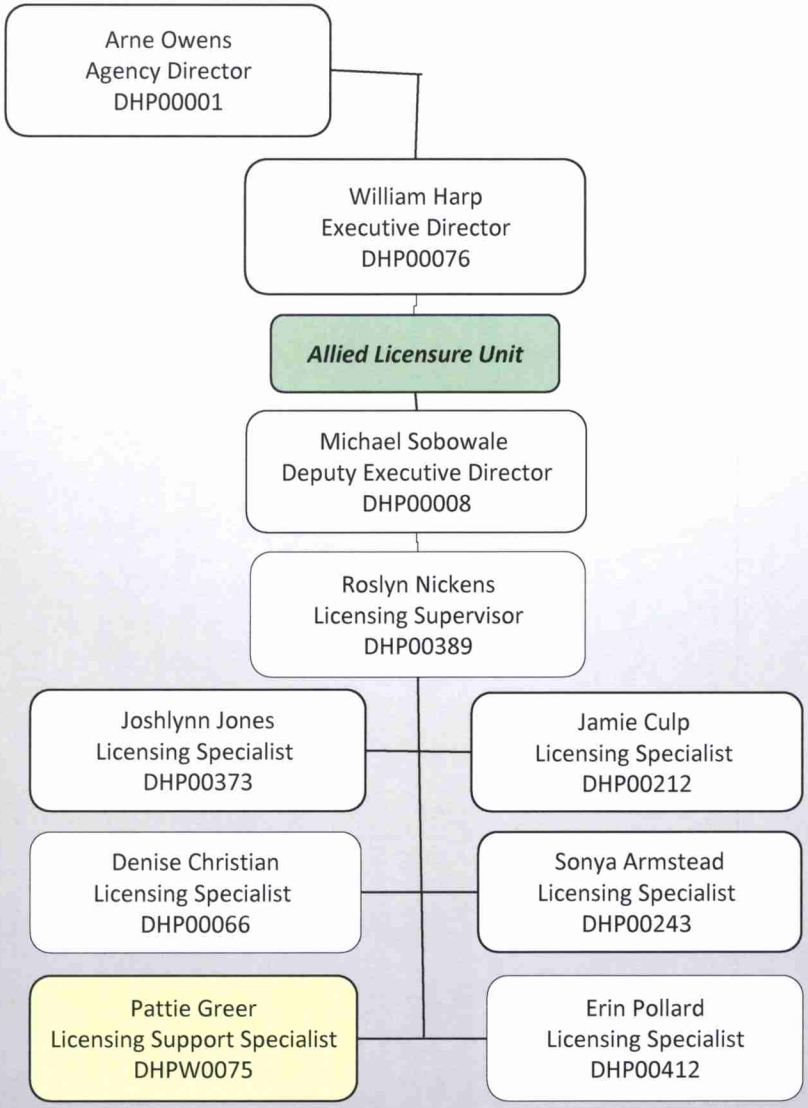
TYPE	Account Number	Description	FY2025 Budget	July	August	September	October	November	December	January	February	March	April	May	Grand Total	(Over) Under Budget	% of the Budget Remaining
Revenue	4002401	Application Fee	2,171,938.08	169,404.00	159,080.00	141,438.00	128,973.00	115,337.00	119,671.00	181,885.00	176,941.00	225,228.00	256,645.00	213,942.00	1,888,544.00	283,394.08	13%
	4002402	Examination Fee	5,128.04	554.00	-	277.00	1,108.00	831.00	-	(2,770.00)	-	-	-	-	-	5,128.04	100%
	4002406	License & Renewal Fee	9,430,572.44	1,405,499.00	1,423,633.00	1,363,233.00	1,373,914.00	1,283,037.00	742,967.00	281,855.00	238,543.00	259,444.00	271,949.00	279,774.00	8,923,848.00	506,724.44	5%
	4002407	Dup. License Certificate Fee	7,117.68	740.00	805.00	805.00	685.00	595.00	615.00	595.00	505.00	640.00	495.00	455.00	6,935.00	182.68	3%
	4002408	Board Endorsement - In	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	4002409	Board Endorsement - Out	1,130.25	80.00	160.00	130.00	180.00	100.00	200.00	100.00	260.00	170.00	260.00	220.00	1,860.00	(729.75)	-65%
	4002421	Monetary Penalty & Late Fees	94,541.83	12,410.00	11,595.00	13,940.00	12,855.00	11,120.00	15,200.00	13,605.00	6,420.00	8,990.00	6,565.00	7,790.00	120,490.00	(25,948.17)	-27%
	4002430	Board Changes Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	4002432	Misc. Fee (Bad Check Fee)	779.49	-	-	-	50.00	100.00	50.00	35.00	-	-	150.00	-	385.00	394.49	51%
	4003002	Overpayments	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	4003007	Sales of Goods/Svces to State	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	4003020	Misc. Sales-Dishonored Payments	328.36	-	-	-	-	-	-	-	-	-	-	-	-	328.36	100%
	4007108	Interest From Other Sources	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	4009060	Miscellaneous Revenue	974.36	-	-	-	-	-	-	-	-	-	38.24	-	38.24	936.12	96%
	4009084	Exp & Misc Disb Made Prior Yrs.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
Revenue Total			**11,712,510.52**	**1,588,687.00**	**1,595,273.00**	**1,519,823.00**	**1,517,765.00**	**1,411,120.00**	**878,703.00**	**475,305.00**	**422,669.00**	**494,472.00**	**536,102.24**	**502,181.00**	**10,942,100.24**	770,410.28	7%
Base Budget	5011250	Salaries, Overtime	5,000.00	1,151.82	660.25	-	-	184.96	-	-	-	-	-	-	1,997.03	3,002.97	60%
	5011340	Specified Per Diem Payments	12,000.00	1,150.00	300.00	200.00	650.00	850.00	250.00	400.00	300.00	650.00	550.00	650.00	5,950.00	6,050.00	50%
	5012110	Express Services	10,000.00	3,689.28	-	1,842.84	-	505.86	(505.86)	-	-	-	-	3,257.92	8,790.04	1,209.96	12%
	5012120	Outbound Freight Services	12,000.00	721.10	829.92	555.29	350.87	931.55	912.39	761.68	759.84	341.04	641.69	588.52	7,393.89	4,606.11	38%
	5012130	Messenger Services	200.00	-	-	-	-	-	-	25.00	-	-	25.00	-	50.00	150.00	75%
	5012140	Postal Services	80,000.00	3,368.23	1,385.65	1,549.39	-	1,705.52	3,281.04	-	2,047.22	869.59	-	3,388.23	17,594.87	62,405.13	78%
	5012150	Printing Services	2,300.00	-	-	1,816.31	-	-	-	-	838.42	-	1,403.25	(4,057.98)	-	2,300.00	100%
	5012190	Inbound Freight Services	150.00	4.75	9.50	-	19.00	-	-	-	-	6.59	67.50	20.00	127.34	22.66	15%
	5012210	Organization Memberships	10,000.00	-	305.00	-	3,227.00	2,400.00	-	1,919.00	-	-	-	-	7,851.00	2,149.00	21%
	5012220	Publication Subscriptions	-	-	-	-	-	-	-	-	-	-	120.00	-	120.00	(120.00)	0%
	5012240	Employee Training Courses, Workshops, and Conferences:	4,000.00	199.00	-	-	-	-	-	-	-	550.00	-	-	749.00	3,251.00	81%
	5012270	Employee Training - Transportation, Lodging, Meals, and Incidentals:	3,500.00	-	-	-	-	-	-	-	-	-	-	-	-	3,500.00	100%
	5012280	Employee Information Technology (IT) Training Courses, Workshops, and Conferences	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012450	Personnel Management Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012460	Public Informational and Public Relations Services	400.00	-	-	-	-	-	-	-	-	-	-	-	-	400.00	100%
	5012470	Legal Services	5,579.00	1,395.00	126.00	-	252.00	126.00	-	972.00	-	-	-	-	2,871.00	2,708.00	49%
	5012480	Media Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012590	Vehicle Repair and Maintenance Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012640	Food and Dietary Services	13,000.00	901.90	438.72	134.44	1,254.78	2,240.95	-	269.92	367.99	144.52	388.62	490.50	6,632.34	6,367.66	49%
	5012750	Computer Software Maintenance Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012770	Computer Operating Services (provided by another State agency (not VITA) or vendor)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012780	VITA Information Technology Infrastructure Services (Provided by VITA)	-	-	-	-	-	-	2,490.76	-	-	-	-	-	2,490.76	(2,490.76)	0%
	5012790	Computer Software Development Services	-	-	-	-	-	-	-	-	-	5,088.35	-	(5,088.35)	-	-	0%
	5012820	Travel, Personal Vehicle	15,000.00	2,194.25	775.86	595.63	1,577.18	1,230.79	629.80	1,659.77	896.00	544.60	1,234.10	1,655.90	12,993.88	2,006.12	13%
	5012830	Travel, Public Carriers	2,000.00	-	-	-	-	658.96	-	-	-	-	-	789.40	1,448.36	551.64	28%
	5012840	Travel, State Owned or Leased Vehicles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012850	Travel, Subsistence, and Lodging	13,524.00	621.84	124.42	139.42	248.71	1,534.27	431.17	639.42	383.73	572.14	383.73	1,220.86	6,299.71	7,224.29	53%
	5012880	Travel, Meal Reimbursements - Not Reportable to the IRS	7,407.00	585.50	135.00	67.50	210.75	638.50	271.75	421.50	151.50	144.25	270.00	537.25	3,433.50	3,973.50	54%
	5013110	Apparel Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5013120	Office Supplies	14,609.00	1,249.72	1,985.71	539.78	346.54	1,133.05	-	2,702.98	404.01	1,159.48	1,054.95	33,137.44	43,713.66	(29,104.66)	-199%
	5013130	Stationery and Forms	24,169.00	-	-	541.77	2,472.63	-	-	-	-	945.35	1,106.88	5,588.05	10,654.68	13,514.32	56%
	5013430	Field Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5013620	Food and Dietary Supplies	528.00	-	-	-	-	674.41	-	(34.65)	382.17	75.80	-	-	1,097.73	(569.73)	-108%
	5013630	Food Service Supplies	-	-	-	-	-	-	-	-	2.95	103.13	-	16.27	122.35	(122.35)	0%
	5013730	Computer Operating Supplies	166.00	-	201.25	-	47.49	-	-	-	-	-	(248.74)	-	-	166.00	100%
	5014130	Premiums	-	-	-	-	-	-	-	-	-	-	-	276.00	276.00	(276.00)	0%
	5022170	Other Computer Equipment	15,000.00	-	-	-	521.95	-	-	431.48	358.00	571.26	1,135.00	450.00	3,467.69	11,532.31	77%
	5022180	Computer Software Purchases	-	-	-	-	-	-	-	-	1,445.00	-	-	-	1,445.00	(1,445.00)	0%
	5022240	Reference Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5022710	Household Equipment	-	-	-	-	-	-	-	-	-	1,254.72	-	-	1,254.72	(1,254.72)	0%
	5022310	Electronic Equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%

	5022620	Office Furniture	10,000.00	-	-	-	587.49	-	-	-	-	-	1,346.44	676.49	2,610.42	7,389.58	74%
Base Budget Total			260,532.00	17,232.39	7,277.28	7,982.37	11,766.39	14,814.82	7,761.05	10,168.10	8,336.83	13,020.82	9,478.42	43,596.50	151,434.97	109,097.03	42%
Other Budget	5012160	Telecommunications Services (provided by VITA)	13,000.00	881.62	863.36	845.29	786.58	785.66	784.78	780.80	665.31	738.57	609.95	704.07	8,445.99	4,554.01	35%
	5012170	Telecommunications Services (provided by Non-State vendor)	1,080.00	90.00	135.00	90.00	45.00	135.00	90.00	90.00	90.00	90.00	45.00	135.00	1,035.00	45.00	4%
	5012250	Employee Tuition Reimbursement:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012260	Employee Training Consulting Services:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012420	Fiscal Services	125,000.00	10,404.97	10,292.80	15,297.83	15,994.43	3,577.27	2,266.60	37,872.02	5,800.59	5,433.50	4,935.39	12,699.82	124,575.22	424.78	0%
	5012430	Attorney Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012440	Management Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012490	Recruitment Advertising	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012530	Equipment Repair and Maintenance Services	5,000.00	-	-	-	-	-	-	1,098.48	-	-	-	1,225.44	2,323.92	2,676.08	54%
	5012630	Clerical Services	86,820.00	2,745.23	11,487.74	1,444.60	6,456.00	-	-	8,260.08	3,230.88	3,048.00	2,399.39	2,243.73	41,315.65	45,504.35	52%
	5012650	Laundry and Linen Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5012660	Manual Labor Services	14,124.00	648.87	567.77	380.82	1,008.64	-	1,758.67	779.13	1,544.02	547.70	836.71	-	8,072.33	6,051.67	43%
	5012670	Production Services	97,412.00	9,879.63	3,571.94	3,721.07	8,084.01	474.00	7,562.24	2,939.67	10,034.00	3,448.82	3,537.57	942.59	54,195.54	43,216.46	44%
	5012680	Skilled Services	450,000.00	52,621.08	36,763.74	-	35,192.64	36,135.30	70,071.06	43,090.20	37,143.10	38,766.87	35,925.15	35,277.85	420,986.99	29,013.01	6%
	5013420	Medical and Dental Supplies	-	-	41.53	-	-	-	-	-	-	-	-	-	41.53	(41.53)	0%
	5013510	Building Repair and Maintenance Materials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5015120	Automobile Liability	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5015160	Property Insurance	158.00	-	-	-	-	-	-	-	-	-	-	-	-	158.00	100%
	5015340	Equipment Rentals	6,536.00	517.22	517.22	517.22	517.22	873.59	-	678.07	517.22	258.61	258.61	1,034.44	5,689.42	846.58	13%
	5015350	Building Rentals	1,176.00	-	301.58	-	-	-	289.05	-	278.74	-	-	-	869.37	306.63	26%
	5015390	Building Rentals – Non-State Owned Facilities - New	177,453.00	14,049.58	13,667.54	17,439.28	15,407.71	-	25,652.72	12,826.36	16,629.91	12,826.36	13,962.33	16,205.57	158,667.36	18,785.64	11%
	5015410	Agency Service Charges	2,000.00	-	321.66	-	737.80	-	-	142.85	332.58	-	100.80	-	1,635.69	364.31	18%
	5015450	DGS Parking Charges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5015470	Private Vendor Service Charges	-	-	-	-	-	-	-	-	-	-	38.22	-	38.22	(38.22)	0%
	5015510	General Liability Insurance	4,416.00	-	-	-	-	-	-	-	-	-	-	-	-	4,416.00	100%
	5015540	Surety Bonds	80.00	-	-	-	-	-	-	-	-	-	-	-	-	80.00	100%
	5015550	Workers' Compensation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
Other Budget Total			984,255.00	91,838.20	78,531.88	39,736.11	84,230.03	41,980.82	108,475.12	108,557.66	76,266.35	65,158.43	62,649.12	70,468.51	827,892.23	156,362.77	16%
Salary/Wage/Benefit Budget	5011110	Employer Retirement Contributions – VRS Defined Benefits program	249,888.00	18,515.00	26,121.67	17,653.66	8,892.09	25,281.09	16,894.72	17,457.68	18,454.06	18,454.06	8,983.96	28,079.48	204,787.47	45,100.53	18%
	5011120	Federal Old-Age Insurance for Salaried State Employees (Salaried Social Security and Medicare)	158,860.00	11,564.17	14,778.80	9,278.15	4,764.87	12,384.44	8,357.94	11,581.39	12,070.97	11,856.12	6,352.60	17,850.20	120,839.65	38,020.35	24%
	5011140	Group Life Insurance	22,682.00	1,769.80	2,461.98	1,663.86	829.89	2,390.95	1,592.34	1,645.40	1,739.32	1,739.32	846.75	2,631.89	19,311.50	3,370.50	15%
	5011150	Medical/Hospitalization Insurance (Annual Employer Health Insurance Premium)	327,060.00	20,345.50	30,123.00	20,397.00	10,678.50	29,575.50	19,776.00	20,559.00	22,110.00	22,110.00	11,055.00	33,786.00	240,515.50	86,544.50	26%
	5011160	Retiree Health (Medical/Hospitalization) Insurance Credit Premium	21,529.00	1,574.85	2,336.76	1,579.24	787.68	2,269.33	1,511.34	1,561.70	1,650.84	1,650.84	803.68	2,498.01	18,224.27	3,304.73	15%
	5011170	VSDP and Long-term Disability Insurance	9,611.00	732.26	977.53	661.24	329.75	947.42	630.92	653.40	693.20	693.20	336.89	1,049.50	7,705.31	1,905.69	20%
	5011220	Salaries, Appointed Officials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5011230	Salaries, Classified	1,922,212.00	143,471.80	218,136.14	135,718.52	70,033.70	204,619.89	137,190.09	143,264.91	147,396.68	147,396.68	71,972.90	221,502.97	1,640,704.28	281,507.72	15%
	5011240	Salaries, Other Officials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0%
	5011310	Bonuses and Incentives	3,000.00	3,000.00	-	-	-	-	-	-	-	-	-	-	3,000.00	-	0%
	5011380	Deferred Compensation Match Payments	5,280.00	460.00	690.00	380.00	200.00	520.00	340.00	340.00	340.00	340.00	170.00	510.00	4,290.00	990.00	19%
	5011410	Wages, General	154,381.00	5,711.56	6,188.95	7,181.54	11,358.78	15,441.48	10,676.07	10,422.90	12,868.71	10,042.81	11,053.33	16,965.31	117,911.44	36,469.56	24%
	5011530	Short-term Disability Benefits	-	-	452.33	2,693.39	-	-	-	-	-	-	-	-	3,145.72	(3,145.72)	0%
	5011660	Defined Contribution Match - VRS Hybrid Retirement Plan	9,183.00	879.26	1,238.10	812.78	423.48	1,312.86	897.72	957.71	999.78	999.78	474.01	1,462.54	10,458.02	(1,275.02)	-14%
Salary/Wage/Benefit Budget Total			2,883,686.00	208,024.20	303,505.26	198,019.38	108,298.74	294,742.96	197,867.14	208,444.09	218,323.56	215,282.81	112,049.12	326,335.90	2,390,893.16	492,792.84	17%
Grand Total - Direct Expenditures			4,128,473.00	317,094.79	389,314.42	245,737.86	204,295.16	351,538.60	314,103.31	327,169.85	302,926.74	293,462.06	184,176.66	440,400.91	3,370,220.36	758,252.64	18%

Virginia Department of Health Professions

BOARD OF MEDICINE (PART 1)

WAGE FILLED	WAGE VACANT
TEMP	FT - Vacant



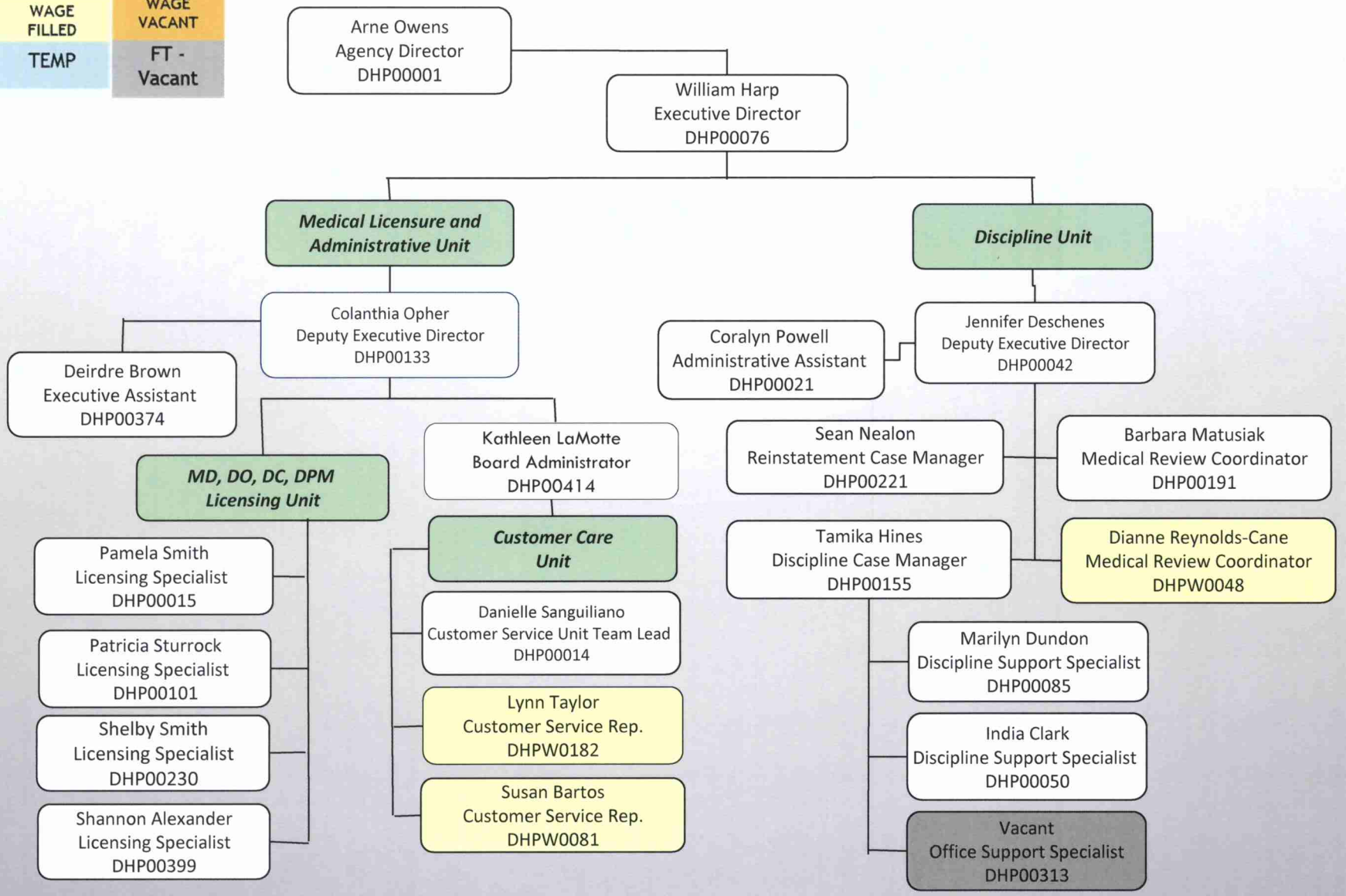
Updated June 16, 2025

Classified –7 Wage – 1 Temp - 0 Total - 8

Virginia Department of Health Professions

BOARD OF MEDICINE (PART 2)

WAGE FILLED	WAGE VACANT
TEMP	FT - Vacant



Updated June 16, 2025

Classified - 15 Wage – 3 Temp - 0 Total - 18

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 29. Medicine and Other Healing Arts

§ 54.1-2928.3. Continuing learning activities.

Of the hours of continuing education required for biennial renewal of licensure, any licensee of the Board of Medicine may be required by the Board to complete up to two hours of Type 1 continuing learning activities or courses in a specific subject area. If the Board designates a subject area for continuing learning activities or courses, it shall publish such requirement no later than January 1 of the first year of the term of the license for which the specific learning activity or course is required.

2023, cc. 418, 419.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

6/18/2C

Virginia Law Library
The Code of Virginia, Constitution of Virginia, Charters, Authorities, Compacts and Uncodified Acts are now available in EPub eBook format.

Helpful Resources
Virginia Code Commission
Virginia Register of Regulations
U.S. Constitution

For Developers
The Virginia Law website data is available via a web service.

Agenda Item: **Committee and Advisory Board Reports**

Staff Note: Please note Committee assignments and minutes of meetings.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

FY2025

EXECUTIVE COMMITTEE (8)
Randy Clements, DPM – President, Chair
Peter Apel, MD – Vice-President
Leroy Vaughan, Jr., MD – Secretary-Treasurer
Deborah DeMoss Fonseca
William Hutchens, MD
Oliver Kim
L. Blanton Marchese
Jennifer Rathmann, DC

LEGISLATIVE COMMITTEE (7)
Peter Apel, MD – Vice-President, Chair
Randy Clements, DPM – President
Leroy Vaughan, Jr., MD – Secretary-Treasurer
Krishna Madiraju, MD
Patrick McManus, MD
Pradeep Pradhan, MD
Jennifer Rathmann, DC

CREDENTIALS COMMITTEE (9)
William Hutchens, MD – Chair
Kamlesh Dave, MD
Hazem Elariny, MD
Elliott Lucas, MD
Krishna Madiraju, MD
Ken McDowell, DO
Patrick McManus, MD
Michele Nedelka, MD
Mark Simcox, MD

FINANCE COMMITTEE
J. Randy Clements, DPM – President
Peter Apel, MD – Vice-President
Leroy Vaughan, Jr., MD – Secretary-Treasurer

BOARD BRIEFS COMMITTEE
William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE
Jennifer Rathmann, DC

BOARD OF HEALTH PROFESSIONS
Krishna Madiraju, MD

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Randy Clements, DPM – President
Blanton Marchese
Leroy Vaughan, Jr, MD **– Secretary-Treasurer**

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, April 4, 2025 | Department of Health Professions | Henrico, VA

CALL TO ORDER: Dr. Clements called the Executive Committee to order at 8:34 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT:
John R. Clements, DPM – President, Chair
Peter Apel, MD – Vice President
Leroy Vaughan, Jr., MD – Secretary-Treasurer
William Hutchens, MD
L. Blanton Marchese
Jennifer Rathmann, DC

MEMBERS ABSENT:
Oliver Kim, JD
Deborah DeMoss Fonseca

COUNSEL PRESENT: Jim Rutkowski, JD – Senior Assistant Attorney General

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Colanthia Morton Opher - Deputy Exec. Director
Barbara Matusiak, MD - Medical Review Coordinator
Arnie Owens - DHP Director
Erin Barrett - Director for DHP Legislative and Regulatory Affairs
Matt Novak – Policy and Economic Analyst
Deirdre Brown - Executive Assistant

OTHERS PRESENT:
Tamika Hines – Discipline and Compliance Case Manager
Roslyn Nickens – Licensing Supervisor
Sonya Armstead – Licensing Specialist
Allyson Flinn – Medical Society of Virginia
Ben Traynham – Hancock, Daniel & Johnson, P.C.
Meredith Joyner – Virginia Nurses Association

EMERGENCY EGRESS INSTRUCTIONS

Dr. Clements provided the emergency egress instructions for all in the meeting.

---DRAFT UNAPPROVED---

APPROVAL OF MINUTES FROM APRIL 5, 2024

Dr. Apel moved to approve the meeting minutes from April 5, 2024, as presented. The motion was seconded by Mr. Marchese and carried unanimously.

ADOPTION OF AGENDA

Dr. Apel moved to adopt the agenda as presented. The motion was seconded by Dr. Hutchens and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Mr. Owens, DHP Director, remarked that in Washington, DC, a lot of reorganization and restructuring is occurring which also affects the Department of Health and Human Services. He directed those interested in further information to the HHS website. Mr. Owens noted that former Board of Medicine member, Tom Corry, is no longer with HHS.

Mr. Owens shared that DHP's current budget has been approved. Staff are preparing the next biennial budget for presentation to the 2026 Session of the General Assembly. Currently, there are no operational problems with any of DHP's boards. He stated that a couple of boards are working on an increase in licensing fees.

Mr. Owens said that the DHP bill to eliminate the Board of Health Professions was passed by the General Assembly. He reported that legislation was passed to expand Licensure by Endorsement for all professions that don't currently have such a pathway.

Lastly, Mr. Owens shared that former Chief Deputy, Jim Jenkins, is now with the Virginia Department of Health as the Deputy Director for the Office of Licensure and Certification.

PRESIDENT'S REPORT

None.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp thanked Deputies Michael Sobowale, Jennifer Deschenes and Co-Co Morton Opher for running their sections so well.

Budget Report

Dr. Harp reviewed the Board's FY2025 budget which began July 1, 2024 and ends June 30, 2025. The numbers reviewed were from July 1, 2024, to February 28, 2025. He stated that the Board has 33% of the budget year left. He pointed out that the Board was projected to bring in $11,712,510.52. On February 28, 2025, $9,409,345.00 had been received, which is 80% of

projected revenue. Dr. Harp then reviewed the direct expenditures, stating that the Board was budgeted for $4,144,468.00. As of February 28, 2025, the Board has expended $2,452,180.73, which leaves 41% of budgeted funds remaining. This puts the Board ahead in revenue and behind in expenditures.

License Count Report

Dr. Harp reviewed the counts for various professions and noted that people tend to keep their license in Virginia, as evidenced by a large percentage of out-of-state licensees. Current MD active licenses in Virginia number 23,218 with an additional 20,302 current active out-of-state licenses for a total of 44,868 current active MD licenses. This pattern holds for many professions. Dr. Harp noted that the business of telemedicine has increased the number of out-of-state professionals licensed in Virginia. The total number of Board licensees is now 93,796, which does not include Advanced Practice Registered Nurses, Licensed Certified Midwives, and the newest profession, Anesthesiologist Assistants.

Case Action Update

Dr. Harp reviewed the disciplinary actions that have been taken since July 1, 2024. He explained that a Mandatory Suspension is effected by the DHP Director when someone's license is suspended or revoked by another state or is convicted of a felony in Virginia or another state.

NEW BUSINESS

1. 2025 General Assembly Report

Ms. Barrett stated that the General Assembly reconvened on Wednesday, April 2, 2025 to consider the Governor's amendments or vetoes. The Governor will take action on any pending legislation between May 1-3, 2025.

This report was for informational purposes only and did not require any action.

2. Current Regulatory Actions

Mr. Novak reviewed the Current Regulatory Actions as of March 14, 2025, and provided updates as some statuses had changed in the last 3 weeks. One updated regulation from the Governor's Office, 18VAC85-80 (elimination of active practice for renewal for Occupational Therapists), has been approved and will be published on April 21, 2025, to become effective on June 5, 2025.

This report was for informational purposes only and did not require any action.

3. Adoption of Proposed Regulatory changes - Respiratory Therapist

Mr. Novak reported that a legislator had objected to the Board's proposed amendments to the scope of practice for respiratory therapists as a fast-track action. Substitute language was

proposed regarding the 2022 periodic review of 18VAC85-40.

MOTION: Mr. Marchese moved to adopt the proposed regulatory action amending Chapter 40 as presented. The motion was seconded by Dr. Hutchens and carried unanimously.

4. Adoption of Notice of Intended Regulatory Action (NOIRA) to Implement PA Licensure Compact

Mr. Novak stated that the 2024 General Assembly entered Virginia in the PA Licensure Compact. The Board's first step towards implementation of the Compact is the adoption of a Notice of Intended Regulatory Action.

MOTION: Mr. Marchese moved to adopt a Notice of Intended Regulatory Action to implement the PA Licensure Compact and make all regulatory changes required consistent with the Compact. The motion was seconded by Dr. Apel and carried unanimously.

5. Revision of Guidance Document 85-16

Ms. Barrett stated that changes to 18VAC85-20-235 became effective on February 27, 2025 which included a reduction in continuing education hours. Previously it was 30 hours of Type 1 and 30 hours of Type 2, for a total of 60 hours each biennium. Type 2 has been removed, and Guidance Document 85-16 needs to be amended to reflect this change and remove any references to audits.

MOTION: Dr. Apel moved to revise Guidance Document 85-16 as presented. The motion was seconded by Mr. Marchese and carried unanimously.

6. Adoption of Fast-Track Regulatory Amendment to Clean up Reference to Continuing Education

Ms. Barrett said that when the 60 hours of continuing education was reduced to 30 hours of Type 1 per biennium, the language was revised in Chapter 20 but now needs to be amended in 18VAC85-20-330.

MOTION: Mr. Marchese moved to adopt Fast-Track regulatory changes to 18VAC85-20-330 for consistency with the reduced continuing education hours. The motion was seconded by Dr. Rathmann and carried unanimously.

ANNOUNCEMENTS

Dr. Clements informed the Board of the updated guideline for travel reimbursement. Effective immediately, Board members need to submit their request for reimbursement within 30 days for approval. After the 30-day deadline, no exceptions will be granted.

The next meeting of the Executive Committee will be August 1, 2025, at 8:30 a.m.

---DRAFT UNAPPROVED---

ADJOURNMENT

With no additional business, the meeting adjourned at 9:49 a.m.

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William L. Harp, MD
Executive Director

--- DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE

LEGISLATIVE COMMITTEE MINUTES

Friday, January 10, 2025 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Apel called the meeting of the Legislative Committee to order at 8:36 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT:
Peter Apel, MD, Vice-President, Chair
Thomas Corry, Secretary-Treasurer
Pradeep Pradhan, MD
Jennifer Rathmann, DC
Leroy Vaughan, Jr., MD

MEMBERS ABSENT:
J. Randy Clements, DPM, President
Krishna Madiraju, MD

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Director, Discipline
Colanthia Morton Opher - Deputy Director, Administration
Michael Sobowale, LLM - Deputy Director, Licensing
Barbara Matusiak, MD - Medical Review Coordinator
Arne Owens – DHP Director
Erin Barrett, JD – Director of Legislative and Regulatory Affairs
Deirdre Brown - Executive Assistant
Danielle Sangiuliano – Administrative Assistant

COUNCIL PRESENT: W. Brent Saunders, JD - Senior Assistant Attorney General

OTHERS PRESENT:
Tamika Hines - Discipline Case Manager
Matt Novak – DHP Policy and Economic Analyst
Dr. Lily Cameron – Refugee Physicians Advocacy Coalition
Jack Wendorf – International Ministry of Ashland
Allyson Flinn – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

Mr. Corry provided the emergency egress instructions for Board Room 4.

--- DRAFT UNAPPROVED---

APPROVAL OF MINUTES OF September 13, 2024

Dr. Rathmann moved to approve the meeting minutes of September 13, 2024. The motion was seconded by Dr. Pradhan and carried unanimously.

ADOPTION OF AGENDA

The agenda was adopted by unanimous consent.

PUBLIC COMMENT

None.

DHP AGENCY DIRECTOR'S REPORT

None.

NEW BUSINESS

1. Legislative and Regulatory Update

Ms. Barrett stated that on Wednesday, January 8, 2025, due to the water issue in Richmond, the General Assembly gaveled in and then gaveled out. She informed the Board that no position has been taken on any bills at this time. Ms. Barrett then concluded with a brief review of HB1635-Certified Nurse Midwives; Licensed Certified Midwives; Independent Practice; Organized Medical Staff.

2. Consideration of Regulatory Requirements for Implementation of HB995

Ms. Barrett opened by suggesting that the Committee focus primarily on the evaluation program in Section 4 of HB995 for the Provisional license pathway. Dr. Apel suggested that the evaluation guidelines should be parallel to those of ACGME (Accreditation Council for Graduate Medical Education) with milestone reporting, possibly quarterly. The suggestion opened the floor to discussion of whether in-program reporting should be to the Board or remain the responsibility of the Program Manager for the facility by which the foreign physician is employed. Ms. Barrett stated that the quarterly assessments should come from the licensee to the Board and that this agreement should be on the application for a Provisional license. After further discussion, the Committee agreed that the applicant for a Provisional license needed to submit an outline of the facility's program, including the assessment and evaluation process, but the Board would not require submission of interim evaluations. Rather, it would expect a letter of successful completion of the 2-year program at the time the physician applies for a Restricted license.

--- DRAFT UNAPPROVED---

Dr. Apel requested a timeline on the roll-out of HB995. Ms. Barrett stated that there is no way to know at this time.

Dr. Pradhan asked if the requirement for 5 years of practice in Section (B)(1) would include the physician's training years. It was suggested by Counsel to consider using the language of "5 years after training", in Section (B)(1). This was agreed to by all.

Dr. Harp suggested that Ms. Barrett meet with Board staff prior to the May Legislative Committee meeting to draft regulations for review. Ms. Barrett agreed to the plan.

DISCILPLINE REPORT

Ms. Deschenes presented a Consent Order for the Committee's consideration that would reinstate a physician's license.

MOTION: Dr. Pradhan moved to accept the Consent Order. The motion was properly seconded by Dr. Rathmann with a vote of 5-0.

ANNOUNCEMENTS

None.

NEXT MEETING

May 9, 2025

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 10:12 a.m.

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William L. Harp, MD
Executive Director

--- DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE

LEGISLATIVE COMMITTEE MINUTES

Friday, May 9, 2025 | Department of Health Professions | Henrico, VA

CALL TO ORDER: Dr. Apel called the meeting of the Legislative Committee to order at 8:35 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT:
Peter Apel, MD, Vice-President, Chair
J. Randy Clements, DPM, President
Patrick McManus, MD
Krishna Madiraju, MD
Jennifer Rathmann, DC
Leroy Vaughan, Jr., MD, Secretary-Treasurer

MEMBERS ABSENT: Pradeep Pradhan, MD

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Director, Discipline
Colanthia Morton Opher - Deputy Director, Administration
Michael Sobowale, LLM - Deputy Director, Licensing
Barbara Matusiak, MD - Medical Review Coordinator
Arne Owens – DHP Director
Erin Barrett, JD – Director of DHP Legislative and Regulatory Affairs
Matt Novak - DHP Policy and Economic Analyst
Deirdre Brown - Executive Assistant

COUNSEL PRESENT: W. Brent Saunders, JD - Senior Assistant Attorney General

OTHERS PRESENT:
Tamika Hines - Discipline Case Manager
Lily Cameron, MD – Refugee Physicians Advocacy Coalition
Brandi Kilmer – Refugee Physicians Advocacy Coalition
Clark Barrineau – Medical Society of Virginia
W. Scott Johnson – Hancock, Daniel & Johnson, PC
Agha W. Haider, MD – HCA Virginia
Patrice L. Lewis – Gentry Locke Attorneys

EMERGENCY EGRESS INSTRUCTIONS

Dr. Vaughan provided the emergency egress instructions for Board Room 4.

--- DRAFT UNAPPROVED---

APPROVAL OF MINUTES OF January 10, 2025

Dr. Vaughan moved to approve the meeting minutes from January 10, 2025. The motion was seconded by Dr. Rathmann and carried unanimously.

ADOPTION OF AGENDA

Dr. Rathmann moved to approve the agenda as presented. The motion was seconded by Dr. Vaughan and carried unanimously.

PUBLIC COMMENT

Dr. Agha W. Haider shared with the Board his concerns regarding the timeframe of 10 years for passing all 3 Steps of the United States Medical Licensing Examination (USMLE). He stated that foreign doctors could take more than 10 years due to the timing of their 3-year residency. He highlighted that Step 1 and Step 2 are available to take outside of the US, but Step 3 is only administered in the US and Canada, which causes foreign physicians to hit a roadblock. Dr. Haider asked the Board to consider waiving the 10-year requirement for foreign physicians.

DHP AGENCY DIRECTOR'S REPORT

Mr. Owens welcomed the Board members and gave a brief update on the 2025 General Assembly. He shared that the last action was on May 2, 2025, when 3 bills concerning the Board of Medicine were vetoed by the Governor. Mr. Owens also stated that there is no longer a statutory requirement for the Board of Health Professions, so it is being dissolved. Its tasks will be assigned to the boards and other entities within DHP.

Additionally, Mr. Owens shared that the Board of Medicine, and all other Boards at DHP, now are required to have licensure by endorsement for all professions. He stated that this is a big undertaking but is in line with assisting the growth of the healthcare workforce in the Commonwealth.

Lastly, Mr. Owens stated that the agency is coming to a close for its 2025 fiscal year and is preparing the budget for the 2026 General Assembly.

NEW BUSINESS

1. Ongoing Discussion of Proposed Regulatory Language Pursuant to HB995 (2024 GA)

Ms. Barrett reviewed with the Committee that when the General Assembly passed HB995, two licenses were established for foreign trained physicians. The first is called a "provisional" license. It is granted to a physician who has an employment contract with a healthcare facility to serve 2 years in an assessment and evaluation program. A provisional license is nonrenewable. The license type is a "restricted" license. A foreign physician who is granted a restricted license must practice at a healthcare facility in an underserved area for 2 years. The restricted license is renewable. After 2 years on a restricted license, the physician can apply

for a full and unrestricted license. Comments were solicited on Regulatory Town Hall on HB955 and closed on April 23, 2025. Comments received were in the meeting packet for the Committee's review. Ms. Barrett said that once the Legislative Committee has completed its revision of the proposed regulations, they will go to the Full Board, most likely in October 2025.

Dr. Apel opened the floor to comment from Board members:

- Dr. McManus asked if there was a deadline to have the regulations in place. Ms. Barrett replied that there is no required timeline for the regulations.

- Dr. Clements stated that to address a "gap" in practice experienced by a foreign physician, the Board should define what is an acceptable time out of practice.

- Dr. Vaughan shared that at the Federation of State Medical Boards (FSMB) Annual Meeting in April 2025, several items recommended by the World Health Organization and other international entities might be helpful. The Advisory Commission studying this issue will have recommendations on the gap in practice issue.

- Dr. Rathmann stated that in Southwest Virginia, the burden on a healthcare facility to provide a supervising physician would be a general concern.

- Dr. Madiraju stated that an International Medical Graduate (IMG) is different from an Internationally Trained Physicians (ITP). ITP's have no visa provisions. He said that ITP's from only one or two countries will be able to qualify for the HB995 pathway.

Dr. Apel opened the floor for staff comment:

- Mr. Sobowale shared a few questions that would need to be addressed:
  - How is staff going to verify the applicant's 5 years of practice in another country?
  - Will there be a waiver for the regulation requiring the passage of all 3 Steps in 10 years?

- Dr. Harp stated that he looked forward to the discussion.

- Ms. Deschenes shared her concerns about the gaps in practice.

Dr. Apel opened the floor for any motions to amend or approve 18VAC85-20-211, Section A, 1-5.

- Dr. Madiraju stated FSMB recommends that the applicant should have an unrestricted license in their home country for at least 5 years and be in good standing. This should be primary source verified, and the license needs to be in the same specialty that the applicant anticipates practicing in the US. Dr. Apel stated that the Board does not issue specialty licenses. Ms. Deschenes stated that she understood Dr. Madiraju's concern and gave an example of what the Board has faced in the past with this issue.

Dr. Apel asked if there were any comments regarding Section A-1, "Provide evidence of authorization to practice medicine in a foreign country with a license with no less than 5 years in good standing."

- Dr. Harp shared that HB995 anticipates this pathway will be available to physicians all around the world as soon as the regulations become effective. Ms. Barrett concurred that there is no limitation on ITP's as long as they meet the 5-year practice requirement.

- Mr. Saunders stated that the Board could use language that states "provide evidence of a license or authorization to practice medicine in a foreign country and proof of good standing."

- Ms. Barrett addressed Section A-5 and recommended using a guidance document for programs because their names may change. A guidance document is more flexible and easier to update. Dr. Vaughan voiced his agreement. Dr. Apel suggested that the guidance document list the medical schools by country.

- Dr. Harp commented on A1-5 that evidence is usually interpreted as documents from a primary source. He asked for comments in the circumstance that an applicant is unable to get documents from the primary source in his/her home country.

    - Mr. Sobowale stated that the Board currently advises applicants to go through the ECFMG EPIC system to request credentials from their home country. He shared that ECFMG has people on the ground who are local and verify the primary sources. Dr. Apel asked when credentials cannot be verified, if waivers were available. Mr. Sobowale stated that he has not seen a license issued without verification since being at the Board.

Dr. Apel opened the floor for discussion of gaps in practice:

- Dr. Clements proposed adding the gap in practice to Section A. He preferred 1 year but recommended 2 years. Dr. Madiraju stated that the regulations should be the same as those for US physicians. Dr. Harp said that the regulations currently allow 4 years of inactivity before being considered for a re-entry program or taking an examination to demonstrate competence and safety to practice.

MOTION: Dr. Apel proposed that Section B should include an applicant not be out of practice for greater than 2 years. The motion was seconded by Dr. Vaughan and carried unanimously.

Dr. Apel continued to go through Section C (former B) and D (former C).

- Dr. Harp stated, in reference to 211-B (former), that licensure by endorsement regulations have been changed to allow residency and fellowship as time in practice.

Dr. Apel moved to 18VAC85-20-212.

- Ms. Barrett addressed a public comment on section A about the consequences for a provisional licensee if they miss time for illness or maternity leave during the 2-year

assessment and evaluation period. She stated that because it is not a renewed license, the statute is limited. Mr. Saunders stated that the statute limits the Board in that area. Dr. Vaughan asked if during such circumstances, could the license be placed in inactive status? Ms. Barrett stated that a licensee can only go in an inactive status during renewal.

- Dr. Apel stated that the statute does not allow for pausing time in licensure. The applicant would ask for the restrictive license from the Credential Committee.

- Ms. Barrett shared a public comment that stated 212-B puts a burden on the provisional physician. She said the Board does not have jurisdiction over the programs.

    - It was recommended by Dr. Harp to change 212-B to state "medical care facility ~~provides~~ documents quarterly evaluations". All agreed to the change.

Dr. Apel moved to 18VAC85-20-213.

- Mr. Saunders proposed to remove "Requirements for" from the title of 18VAC85-20-213 and to remove the first sentence of 213-B.

- Dr. Apel stated that 20-213 is for those facilities that already run programs or those that don't. Ms. Barrett stated that statue states it must fall under the definition of a medical care facility as stated in the Virginia Code.

- Mr. Saunders proposed to remove the first sentence of 213-B of 18VAC85-20-213.

- Dr. Harp asked if the Board should define supervision and direct supervision as noted in 213-D.

    - Ms. Barrett suggested that this should go in the definition section of Chapter 20.
    - Dr. Apel proposed that direct supervision be defined as a supervising physician being either physically present or providing final disposition in the medical decision-making, in either case being present in the facility.
    - After discussion among the Board and staff, defining direct supervision and indirect supervision was tabled for future discussion.

Dr. Apel called for a break at 10:40 a.m. and resumed at 10:50 a.m.

Dr. Apel continued discussion on 18VAC85-20-213.

- Dr. Rathmann referred to 213-E-1b, stating that work hours are now being defined as 30 hours per week.

MOTION: Dr. Apel proposed to combine b and c of 18VAC85-20-213, E-1, to "practice of medicine in the Commonwealth and practices in a medical care facility." The motion was seconded by Dr. Vaughan and carried unanimously.

- Dr. Apel suggested that the Board remove "direct" in 18VAC85-20-213, E-2. Dr. Harp noted that section 214-B-3, states, "practices as an employee". Ms. Barrett suggested to change 214-B-3 to "practices medicine at the medical care facility."
- Dr. Apel stated that the definitions for 213-E-4 a-e could be placed in a guidance document. Ms. Barrett stated that in a guidance document, it would be an interpretation, not a definition, of the terms listed in 4 a-e.
    - Dr. Vaughan referenced 4a, asking if the Board would consider adding "and procedural skills".

- Dr. Madiraju asked the Board if the supervisor may revoke the provisional license. Dr. Apel answered that the supervisor couldn't revoke the provisional license; the licensee would not go to the next stage.

Dr. Apel reviewed 213-F – 213-I, no further edits were made to these sections. Continuing to section 214.

- Dr. Apel proposed to remove the word "direct" from 214-A. Mr. Sauders proposed to eliminate section A completely due to 213-D; therefore, section B would now be A.

- Dr. Apel clarified that section 214-new A-2 would state "Engage in medical practice in Viriginia at the medical care facility."

Ms. Barrett said that the Board is in the first third of the regulatory process, the "proposed stage". The Committee's will review the draft regulations at its September meeting and go to the full Board in October.

Dr. Apel continued the discussion with 18VAC85-20-215.

- Referring to 215-A-2, Dr. Harp noted that there have been comments about the current 10-year rule for passage of all 3 Steps of the USMLE in the Board's General Regulations. He asked if regulations 215-A-2 will override the General Regulations. Generally, when Step 3 of the USMLE is passed, physicians are considered competent to safely practice.
    - Dr. Apel stated that the requirement has not been written in the newly proposed regulations. He stated that currently there is no time requirement in the new regulations.

- Dr. Apel asked if the Board would like to set a timeframe for the USMLE Steps.
    - Dr. Rathmann suggested 1 year be allowed to file an application for a restricted license after completion of the 2 years on a provisional license. After discussion Ms. Barrett stated that the revision can be placed within 215-A as, "application must be filed within one year of expiration of provisional license."
    - The vote was 4-1 in favor of no timeframe for provisional to restrictive licensure.

- In 215-A-3, Mr. Saunders stated that the Code of Virginia does not identify underserved areas, the Board of Health identifies them. Therefore, he recommended to revise "in § 32.1 122.5 of the Code of Virginia" to "by the Board of Health".

--- DRAFT UNAPPROVED---

- Dr. Apel reviewed 215-B and revised "in § 32.1 122.5 of the Code of Virginia" to "by the Board of Health", as recommended by Mr. Saunders.

Dr. Apel led continued discussion on 18VAC85-20-216.

- Ms. Barrett stated that there was a public comment concerning the language of "restricted license", that the restriction is geographical and does not refer to a clinical practice restriction.
- Dr. Madiraju suggested in 216-A to remove "verbally" and just have "in writing".
- Dr. Apel proposed to change 216-A to remove "restrictive license" language.
- Mr. Saunders would like to amend the renewal requirements in 215-C.

Dr. Clements requested to have 5 minutes on the Full Board agenda in June to give an update on HB995. Ms. Barrett responded with the possibility of a brief PowerPoint for the full Board about the work of the Legislative Committee to date.

MOTION: Dr. Vaughan made a motion to incoporate all proposed changes for the Chair to review at the next Legislative Committee meeting on September 5, 2025. The motion was seconded by Dr. McManus and carried unanimously.

ANNOUNCEMENTS

None.

NEXT MEETING

September 5, 2025

ADJOURNMENT

With no other business to conduct, the meeting adjourned at 12:05 p.m.

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William L. Harp, MD
Executive Director

<< DRAFT >>

ADVISORY BOARD ON BEHAVIOR ANALYSIS
Minutes
June 9, 2025

The Advisory Board on Behavior Analysis met on Monday, June 9, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Christina Giuliano, LBA Chair
John Harrington, MD
Mark Llobell, Citizen

MEMBERS ABSENT: Emily Wilson, LBA

STAFF PRESENT: Arne Owens, Director, Department of Health Professions
William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Executive Director - Licensure
Jennifer Deschenes, Deputy Executive Director – Discipline
Colanthia M. Opher, Deputy Executive Director – Medical Licensure and Administration
Kathleen LaMotte, Board Administrator
Matthew Novak, DHP Policy and Economic Analyst
Roslyn Nickens, Licensing Supervisor
Joshlynn Jones, Licensing Specialist
Sonya Armstead, Licensing Specialist

GUESTS PRESENT: Christina Evanko, VABA

Call to Order

Christina Giuliano called the meeting to order @ 10:11 a.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Ms. LaMotte called the roll; a quorum was declared.

Introduction of Members

Ms. Giuliano asked everyone in the room to introduce themselves.

Approval of Minutes

Mr. Llobel moved to approve the minutes from the June 3, 2024 meeting. Ms. Giuliano seconded. The motion passed unanimously.

Adoption of Agenda

Dr. Harrington moved to adopt the agenda as presented. The motion was seconded by Mr. Llobel and passed unanimously.

Public Comment on Agenda Items

None received.

New Business

1. **Legislative Report**

   Matthew Novak reviewed items pertaining to the Board of Medicine from the 2025 General Assembly (GA) session. This included two vetoed bills supporting unconscious bias training, a new reporting system for threats made against healthcare professionals, a study to be completed by the DHP regarding the scope of practice of physician assistants, a new license type for anesthesiologist assistants, a faster regulatory pathway to allow for licensure by endorsement for professions that do not currently have one, a recommendation for further education for licensees to be communicated by the DHP regarding communication with children diagnosed with autism spectrum disorder and the elimination of the Board of Health Professions and the absorption of the Board's duties by the DHP.

2. **Report on Status of Regulatory /Policy Actions**

   Matthew Novak reviewed the status of the Advisory Board's regulatory actions. Only one regulation impacts this Advisory Board, the periodic review changes recommended in October of 2022. The changes will become effective July 3 and will eliminate some unnecessary requirements. This report was for informational purposes only.

3. **Recommendation of draft amendments for licensure by endorsement**
   The Advisory Board was asked to review draft regulatory changes for licensure by endorsement to create a separate path to licensure in Virginia when people are licensed in other states. This will allow a slightly easier process for these applicants to enter Virginia. This Advisory's recommendation will be sent to the full Board of Medicine to consider adoption of an exempt regulatory action to amend the regulations.

   After the agenda package was released to the Advisory Board, the language stricken in 150.51 was re-inserted. There are some professions that do not use the National

Practitioner Data Bank (NPDB) and the language requiring verification of no disciplinary action is re-inserted.

Mr. Novak reported that under section 51, there are four items for an applicant seeking to be licensed in Virginia by endorsement shall submit. Included are evidence of a current, active license in a United States jurisdiction or Canada that is substantially similar and in good standing, a completed application and fee, verification of certification as required in 18VAC85-150-60; and a current report from the National Practitioner Data Bank.

The Advisory discussed concerns that a practitioner from another state may not have ~~had~~ the training required by the Virginia Board of Medicine and ~~is~~ would not be comfortable with an individual practicing that doesn't meet the same quality of care. The language of "substantially similar" was thought to be ambiguous. DHP staff advised that standards could be set by Board staff, and an applicant could appeal to the Board when a different credential is submitted.

The Advisory further discussed the requirement of Behavior Analyst Certification Board (BACB) certification would serve as a backstop to ensure applicants are properly qualified for Virginia licensure.

The language "substantially similar" was removed from the draft recommendations to be presented to the full Board.

MOTION: Mr. Llobel moved to recommend to the full Board the adoption of an exempt regulatory action to amend regulations as amended pursuant to SB1438. Dr. Harrington seconded the motion, which was carried unanimously.

Licensing Report

Joshlynn Jones provided the following licensing statistics for behavior analysts and assistant behavior analysts:

Total Licensed in Commonwealth of Virginia
Behavior Analyst - 3,479
Assistant Behavior Analyst- 255

Total Licenses Issued from January 1, 2025 to June 9, 2025
Behavior Analyst- 346
Assistant Behavior Analyst- 21

Current Application Processing Days- 16 days

Clearance Rate- 84%

DRAFT

Announcements

Next Scheduled Meeting
The next scheduled meeting is Monday, October 20, 2025 at 10:00 a.m.

Mr. Sobowale advised that at future meetings, there will be no paper agenda packet, and Advisory members will have their items pre-loaded on a laptop. The agenda will also be projected in the room for guests to see. Agency staff will continue to send out notice of the meeting by email ahead of time.

Adjournment
Christina Giuliano, Chair, adjourned the meeting at 11:00 a.m.

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William L. Harp, MD, Executive Director

DRAFT

<< DRAFT >>

ADVISORY BOARD ON GENETIC COUNSELING
Minutes
June 9, 2025

The Advisory Board on Genetic Counseling met on Monday, June 9, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Lydia Higgs, CGC, Chair
Meghan Archer, Citizen Member
Tiffany Lewis, CGC
Richard Scott Lucidi, MD

MEMBERS ABSENT: Martha Thomas, CGC, Vice-Chair

STAFF PRESENT: Arne Owens, Director of Department of Health Professions
William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Executive Director - Licensure
Jennifer Deschenes, Deputy Executive Director – Discipline
Colanthia M. Opher, Deputy Executive Director – Medical Licensure and Administration
Kathleen LaMotte, Board Administrator
Matthew Novak, DHP Policy and Economic Analyst
Roslyn Nickens, Licensing Supervisor
Sonya Armstead, Licensing Specialist

GUESTS PRESENT: None

Call to Order

Lydia Higgs called the meeting to order @ 1:00 p.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Ms. LaMotte called the roll; a quorum was declared.

Introduction of Members

Ms. Higgs asked everyone in the room to introduce themselves.

Approval of Minutes

Ms. Higgs moved to approve the minutes from the June 3, 2024, meeting. Dr. Lucidi seconded. The motion passed unanimously.

Adoption of Agenda

Ms. Higgs moved to adopt the agenda as presented. The motion was seconded by Ms. Lewis and passed unanimously.

Public Comment on Agenda Items

None received

New Business

1. **Legislative Report**
   Matthew Novak reviewed items pertaining to the Board of Medicine from the 2025 General Assembly (GA) session. This included two vetoed bills supporting unconscious bias training, a new reporting system for threats made against healthcare professionals, a study to be completed by the DHP regarding the scope of practice for physician assistants, a new license type for anesthesiologist assistants, a faster regulatory pathway to allow for licensure by endorsement for professions that do not currently have one, a recommendation for education on communication with children diagnosed with autism spectrum disorder to be disseminated to DHP licensees, the elimination of the Board of Health Professions and the absorption of the Board's duties by boards and divisions of DHP.

2. **Report on Status of Regulatory /Policy Actions**
   Matthew Novak reviewed the status of the Advisory Board's regulatory actions. Only one regulation impacts this Advisory Board, the periodic review changes recommended in October of 2022. The changes will become effective July 3 and will eliminate some unnecessary requirements. This report was for informational purposes only.

3. **Recommendation of draft amendments for licensure by endorsement**
   The Advisory Board was asked to review draft regulatory changes for licensure by endorsement to create a separate path to licensure in Virginia when applicants are licensed in other states. This will allow a slightly easier process to become licensed in Virginia. The Advisory's recommendation will be sent to the Executive Committee in August to consider adoption of an exempt regulatory action

   Subsequent to the package being released to the Advisory Board, the language stricken in 18VAC85-170-51 was re-inserted. There are some professions that do not use the

National Practitioner Data Bank (NPDB), so the language requiring verification of no disciplinary action is re-inserted. Additionally, the words "substantially similar" were struck from 18VAC85-170-51(1) as that language was not needed.

Mr. Novak reported that about 40% of professions under DHP umbrella do not have licensure by endorsement. Many are under the Board of Medicine as allied health professions.

The Advisory discussed concerns that other jurisdictions may not have the same requirements for licensure as does Virginia. After a discussion of certification standards, the Advisory endorsed the addition of "certification by ABGC or ABMG".

MOTION: Ms. Higgs moved to recommend to the full Board of Medicine that it adopt an exempt regulatory action to amend the regulations pursuant to SB1438. Dr. Lucidi seconded the motion which passed unanimously.

4. **Orientation to the Board**

Dr. Harp shared a presentation to welcome new Advisory Board members to their role and serve as a refresher for members that have served on the Advisory for a while. He reviewed the structure of the Department of Health Professions and how the Board of Medicine receives oversight from the Commonwealth.

Licensing Report

Sonia Armstead provided the following licensing statistics for behavior analysts and assistant behavior analysts:

Total number Licensed:
Genetic Counselor - 634
Genetic Counselor-Temporary - 6

Total License issued since January 1, 2025 to Present:
Genetic Counselor - 25
Genetic Counselor-Temporary - 2

Current Processing Time: 25 days

Clearance Rate: 116%

Announcements

Mr. Sobowale advised that at future meetings, there will be no paper agenda packet, and Advisory members will have their items pre-loaded on a laptop. The agenda will also be projected in the room for guests to see. Agency staff will continue to send out notice of the meeting by email ahead of time.

DRAFT

Next Scheduled Meeting

The next scheduled meeting is Monday, October 20, 2025 at 1:00 p.m.

Adjournment

Ms. Higgs adjourned the meeting at 2:28 p.m.

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William L. Harp, MD, Executive Director

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ADVISORY BOARD ON OCCUPATIONAL THERAPY
Minutes
June 10, 2025

The Advisory Board on Occupational Therapy met on Tuesday, June 10, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Raziuddin Ali, MD
Bobby Blair, OT
Dennis Lites – Citizen Member

MEMBERS ABSENT: Leah Savelyev, OT
Caroline Barnes, OT

STAFF PRESENT: Arne Owens – Director, Department of Health Professions
William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director, Licensure
Jennifer Deschenes, JD - Deputy Executive Director, Discipline
Colanthia Opher - Deputy Executive Director, Medical Licensure and Administration
Kathleen LaMotte, Board Administrator
Erin Barrett, JD - Director of Legislative and Regulatory Affairs
Barbara Hodgdon, PhD - Deputy Director, Healthcare Workforce Data Center
Kelly Smith – DHP Director for Communications
Roslyn Nickens, Licensing Supervisor
Sonya Armstead - Licensing Specialist
Jamie Culp - Licensing Specialist
Erin Pollard - Licensing Specialist
Cherese Lampkins - Intern, Healthcare Workforce Data Center

GUESTS PRESENT: Kristin Nevilles - AOTA
Savanah Howe - VOTA
David May - VOTA

Call to Order

In the absence of a Chair, Dr. Harp called the meeting to order @ 10:06 a.m. He said that the bylaws call for the election of a Chair and Vice-Chair at the first meeting after July 1. That should occur at the next scheduled meeting in October.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call
Ms. LaMotte called the roll; a quorum was declared.

Introduction of Members
Dr. Harp asked everyone to introduce themselves.

Approval of Minutes
Dr. Ali moved to approve the minutes from the June 4, 2024 meeting. Mr. Blair seconded. The motion passed unanimously.

Adoption of Agenda
Mr. Lites moved to adopt the agenda as presented. The motion was seconded by Dr. Ali and passed unanimously.

Public Comment on Agenda Items
Savanah Howe of VOTA spoke to concerns from their membership about the requirement of National Board for Certification in Occupational Therapy (NBCOT) certification as being prohibitive in returning to practice. Many practitioners temporarily leave the profession for caregiving, etc. She encouraged the Advisory to remove barriers to return to practice while keeping public protections intact.

Kristin Neville commented on the pending regulation related to inactive status and reactivation. Ms. Neville proposed an additional option for applicants to show continuing competence or demonstrating that they were practicing in another state while their Virginia license was lapsed. She believes this is more efficient than requiring NBCOT certification. Ms. Neville thanked Ms. Barrett for her communication.

OT/OTA Workforce Data Presentation

Dr. Harp introduced Dr. Hodgdon with laudatory comments about the Healthcare Workforce Data Center.

Dr. Hodgdon presented the results of the 2024 survey of more than 4,400 Occupational Therapists and 1,500 Occupational Therapy Assistants. Among the findings discussed were increases in the workforce over the past ten years, a reduction of the median age of OT practitioners, increased diversity although lower than the statewide diversity index, a median stable income with an increase in educational debt, a decrease in the percentage of OT practitioners in the skilled nursing facility environment, and retirement intentions shifting as OT's approach retirement age.

New Business

1. **Legislative Report**

2. Erin Barrett reviewed items pertaining to the Board of Medicine from the 2025 General Assembly (GA) session. This included two vetoed bills supporting unconscious bias training, a new reporting system for threats made against healthcare professionals, a study to be completed by the DHP regarding the scope of practice of physician assistants, a new license type for anesthesiologist assistants, a faster regulatory pathway to allow for licensure by endorsement for professions that do not currently have one, a recommendation for education on communication with children diagnosed with autism spectrum disorder to be disseminated to DHP licensees, the elimination of the Board of Health Professions and the absorption of the Board's duties by the boards and DHP divisions.

3. **Report on Status of Regulatory /Policy Actions**

   Ms. Barrett reviewed the status of the Advisory Board's regulatory actions. Two regulations impact this Board. This Board voted for periodic review changes in October of 2022 will become effective July 3 and eliminate some unnecessary requirements. There was also a change made to eliminate the active practice requirement for licensure renewal. Most boards do not require this, and it caused some difficulties for those who temporarily stepped away from active practice. This report was for informational purposes only.

4. **Recommendation of draft amendments for licensure by endorsement**
   The Advisory Board was asked to review draft regulatory language for licensure by endorsement to create a separate path to licensure in Virginia when people are licensed in other states. This will allow an easier process for these applicants to begin practicing in Virginia. This Advisory's recommendation will be sent to the full Board of Medicine to consider adoption of an exempt regulatory action to establish the regulations.

   Subsequent to the package being released to the Advisory Board, the language stricken in 18VAC85-80-35(4) was re-inserted. There are some professions that do not use the National Practitioner Data Bank (NPDB) and the language requiring verification of no disciplinary action is re-inserted. Additionally, the words "substantially similar" were struck from section 18VAC85-80-36(1) as that language was not needed.

   Ms. Barrett reported that about 40% of professions under DHP umbrella do not have licensure by endorsement. Many of those are under the Board of Medicine as allied health professions. The Secretary's office asked for a way for people to join Virginia's workforce in a quick and efficient manner. Legislation was passed that requires the adoption of an exempt action to begin the regulatory process for a licensure by endorsement pathway.

   MOTION: Dr. Ali moved to recommend to the full Board of Medicine the adoption of an exempt regulatory action as amended establish regulations pursuant to SB1438. Mr. Blair seconded the motion, which passed unanimously.

5. **Reinstatement fast track**

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The Advisory reviewed draft changes to 18VAC85-80-80 governing reinstatement. Stakeholders raised cost issues and barrier to practice issues with the requirement to hold national certification or pass the national examination following two years or more of a lapsed license. The included changes address the stakeholder's concerns and would ensure rapid return to practice in Virginia for those holding out of state licenses. This proposed change can go to full Board in June.

Changes were made to remove "maintain hours of active practice" to align with another fast-track change which recently removed the requirement for active practice.

The Advisory discussed the need for those away from practice for a longer period of time to provide more evidence that they are fit to practice. It did show support for those with an inactive license to return to the profession.

MOTION: Mr. Blair moved to recommend this action to the Board of Medicine as a fast-track regulatory action. Dr. Ali seconded the motion, which passed unanimously.

6. Orientation to the Board

Dr. Harp shared a presentation to welcome new Advisory Board members to their role and serve as a refresher for members who have served on the Board for a while. He reviewed the structure of the Department of Health Professions and how the Board of Medicine receives oversight from the Commonwealth.

Licensing Report

Jamie Culp provided the following licensing statistics for Occupational Therapists:
Total Licensee for **OT** = 5.480
Total # of licenses issued for OT from Jan 1 2025 - current is 205
Processing time is 52 days
Clearance rate is 105%

Announcements
Mr. Sobowale advised that at future meetings, there will be no paper agenda packet. Advisory members will have their items pre-loaded on a laptop. The agenda will also be projected for the public to view. Agency staff will continue to send out the notice of meetings by email ahead of time.

Next Scheduled Meeting
The next scheduled meeting is Tuesday, October 21, 2025 at 10:00 a.m.

Adjournment
Dr. Harp adjourned the meeting at 12:21 p.m.

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William L. Harp, MD, Executive Director

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ADVISORY BOARD ON ATHLETIC TRAINING
Minutes
June 12, 2025

The Advisory Board on Athletic Training met on Thursday, June 12, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: David Pawlowski, AT - Chair
Chris Casola, AT
William Scott Powers, AT
Virginia Wells, MD
Larry D'Shawn Wright – Citizen Member

MEMBERS ABSENT:

STAFF PRESENT: Arne Owens - Director, Department of Health Professions
Jennifer Deschenes, JD - Deputy Executive Director, Discipline
William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director, Licensure
Colanthia Opher - Deputy Executive Director, Medical Licensure and Administration
Kathleen LaMotte - Board Administrator
Matthew Novak - DHP Policy and Economic Analyst
Roslyn Nickens - Licensing Supervisor
Joshlynn Jones - Licensing Specialist
Sonya Armstead - Licensing Specialist

GUESTS PRESENT: Debra Rodman - VATA

Call to Order

David Pawlowski called the meeting to order at 10:03 a.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Kathleen LaMotte called the roll; a quorum was declared.

Introduction of Members

Mr. Pawlowski asked everyone present to introduce themselves.

Approval of Minutes

Mr. Powers moved to approve the minutes from the June 10, 2024 meeting. Mr. Casola seconded, and the motion passed unanimously.

Adoption of Agenda

Mr. Powers moved to adopt the agenda as presented. The motion was seconded by Dr. Wells and passed unanimously.

Public Comment on Agenda Items

None received.

New Business

1. **Legislative Report**
   Matthew Novak reviewed items pertaining to the Board of Medicine from the 2025 General Assembly (GA) session. This included two vetoed bills supporting unconscious bias training, a new reporting system for threats made against healthcare professionals, a study to be completed by the DHP regarding the scope of practice of physician assistants, a new license type for anesthesiologist assistants, a faster regulatory pathway to allow for licensure by endorsement for professions that do not currently have one, a recommendation for education on communication with children diagnosed with autism spectrum disorder to be disseminated to DHP licensees, the elimination of the Board of Health Professions and the absorption of the Board's duties by boards and divisions of DHP.

2. **Report on Status of Regulatory /Policy Actions**

   There were no items to report

3. **Consideration of Petition for Rulemaking**
   The Advisory Board was asked to review a petition for rulemaking to allow dry needling by athletic trainers. The public comment period received a total of 764 comments, with 500 in favor, 250 opposed, and about 15 not describing a position.

   DHP staff advised that the athletic trainer scope of practice does not allow for dry needling, and this change must be made through legislation as opposed to the regulatory process.

   The Advisory Board was in favor of dry needling philosophically and wanted to vote "yes" to recommend the petition to the Board of Medicine. The Advisory understood

the limitation of the rulemaking process and supported VATA in seeking a patron to add dry needling to the AT scope of practice.

MOTION: Mr. Powers moved to recommend the petition to the full Board. The motion was seconded by Mr. Wright and passed unanimously.

Licensing Report

Sonya Armstead provided the following licensing statistics

Athletic Trainer: Total Number Licensed: 1,826
Total Number Licensed since January 1, 2025 to Present: 87
Current Processing Time: 27 days
Clearance Rate: 97%

Announcements

Next Scheduled Meeting

The next scheduled meeting is Thursday, October 23, 2025 at 1:00 p.m.

Mr. Sobowale advised that at future meetings, there will be no paper agenda packet. Advisory members will have the agenda pre-loaded on a laptop. The agenda will also be projected for the public to view. Board staff will continue to send out notices of the meeting by email ahead of time.

Adjournment

David Pawlowski, Chair, adjourned the meeting at 10:55 a.m.

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William L. Harp, MD, Executive Director

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ADVISORY BOARD ON PHYSICIAN ASSISTANTS
Minutes
June 12, 2025

The Advisory Board on Physician Assistants met on Thursday, June 12, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Justin Hepner, PA-C, Chair
Erin Myers, PA-C, Vice-Chair
Lucy Treene, PA-C
Tracey Dunn, Citizen

MEMBERS ABSENT: Brian Hanrahan, MD

STAFF PRESENT: William L. Harp, MD - Executive Director
Jennifer Deschenes - Deputy Executive Director, Discipline
Michael Sobowale, LLM - Deputy Executive Director, Licensure
Colanthia Opher - Deputy Executive Director, Medical Licensure and Administration
Kathleen LaMotte - Board Administrator
Erin Barrett, JD - DHP Director of Legislative and Regulatory Affairs
Matthew Novak, DHP Policy and Economic Analyst
Roslyn Nickens, Licensing Supervisor
Jamie Culp, Licensing Specialist
Denise Christian, Licensing Specialist
Erin Pollard, Licensing Specialist

GUESTS PRESENT: Robert Glasgow, PA - VAPA
Jonathan Williams - VAPA

Call to Order

Justin Hepner called the meeting to order at 1:10 p.m.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Ms. LaMotte called the roll; a quorum was declared.

Introduction of Members

Mr. Hepner asked everyone in the room to introduce themselves.

Approval of Minutes

Ms. Dunn moved to approve the minutes from the October 10, 2024 meeting as amended, correcting an error in the spelling of a member of the public's name. Ms. Treene seconded. The motion passed unanimously.

Adoption of Agenda

Ms. Dunn moved to adopt the agenda as presented. The motion was seconded by Ms. Treene and passed unanimously.

Public Comment on Agenda Items

None received.

New Business

1. **Legislative Report**

   Erin Barrett reviewed items pertaining to the Board of Medicine from the 2025 General Assembly (GA) session. This included two vetoed bills supporting unconscious bias training, a new reporting system for threats made against healthcare professionals, a study to be completed by DHP regarding the scope of practice of physician assistants, a new license type for anesthesiologist assistants, a pathway to allow for licensure by endorsement for professions that do not currently have one, a recommendation for education on communication with children diagnosed with autism spectrum disorder to be disseminated to DHP licensees, the elimination of the Board of Health Professions and the absorption of the Board's duties by boards and divisions of DHP.

   Report on Status of Regulatory /Policy Actions

   Matthew Novak reviewed the status of the Advisory Board's regulatory actions. The process to implement Virginia's entry into the PA Compact is still ongoing. The periodic review changes recommended in October of 2024 will become effective July 3.

2. **Recommendation of proposed stage language for patient care team requirements**
   Ms. Barrett noted that the Advisory Board is asked to recommend proposed stage changes to the Board of Medicine regarding the responsibilities of the patient care team physician or podiatrist. This recommended language is based upon the Notice of Intended Regulatory Action (NOIRA).

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The Advisory Board discussed the implications of a patient care team physician being available "at all times" but was satisfied with the requirement that the collaborating or consulting physician is required to arrange coverage when they are not available. Being available to speak by phone was seen as a reasonable interpretation of the collaboration and consultation clause.

The Advisory advocated for the removal of "complex" from the phrase "for complex clinical cases and patient emergencies" as being difficult term define. Practice agreements for physician assistants state that consulting physicians should always be available for consultation and collaboration in all cases.

MOTION: Ms. Myers moved to recommend the proposed stage changes to the Board of Medicine as amended. Mr. Hepner seconded, and the motion carried 3 – 1.

3. **Recommendation of proposed stage language for patient care team physician name on prescriptions**

This change would remove the requirement for a prescription to bear the name of the patient care team physician. The Advisory Board discussed how the notification requirement would be met. DHP Staff said that licensees would be notified when the revised regulation took effect.

MOTION: Ms. Harper moved to recommend the proposed stage changes to the Board of Medicine. Ms. Treene seconded, and the motion passed unanimously.

Licensing Report

Jamie Culp provided the following licensing statistics for physician assistants:

Total Licensed in Commonwealth of Virginia - 7,131
Total Licenses Issued from January 1, 2025 to June 9, 2025 - 402

- 71 by reciprocity
- 46 from MD
- 13 from DC
- 12 from both

Current Application Processing Days- 35 days

Clearance Rate- 99%

Announcements

Next Scheduled Meeting

The next scheduled meeting is Monday, October 23, 2025 at 1:00 p.m.

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Mr. Sobowale advised that at future meetings, there will be no paper agenda packet. Advisory members will have their items pre-loaded on a laptop for viewing during the meeting. The agenda packet will also be projected o screen for the public to see. Agency staff will continue to send out the Notice of the meeting by email ahead of time.

Adjournment

Justin Hepner, Chair, adjourned the meeting at 2:00 p.m.

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William L. Harp, MD, Executive Director

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ADVISORY BOARD ON POLYSOMNOGRAPHIC TECHNOLOGY
Minutes
June 13, 2025

The Advisory Board on Polysomnographic Technology met on Friday, June 13, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Michael Polsky, MD

MEMBERS ABSENT: Neil Widrick
Hannah Tyler
Ronnie Hayes, RPSGT - Chair
Raid Mohaidat - Citizen Member

STAFF PRESENT: Arne Owens - Director, Department of Health Professions
William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director, Licensure
Colanthia Opher - Deputy Executive Director, Medical Licensure and Administration
Kathleen LaMotte - Board Administrator
Roslyn Nickens - Licensing Supervisor
Sonya Armstead - Licensing Specialist

GUESTS PRESENT: None

Call to Order

Dr. Harp called the meeting to order at 2:45 p.m. after allowing time for Board members to arrive.

Emergency Egress Procedures

Kathleen LaMotte announced the emergency egress instructions.

Roll Call

Ms. LaMotte called the roll; a quorum was not declared.

Introduction of Members

Dr. Harp asked everyone to introduce themselves.

Approval of Minutes

DRAFT

The minutes could not be approved due to the lack of a quorum.

Adoption of Agenda

The agenda could not be approved due to the lack of a quorum.

Public Comment on Agenda Items

There was no public comment.

Dr. Harp provided some highlights about the Board of Medicine and the Advisory Board as a brief orientation for Dr. Polsky.

New Business:

1. **Legislative Report**
   Erin Barrett reviewed items pertaining to the Board of Medicine from the 2025 General Assembly (GA) session. This included two vetoed bills supporting unconscious bias training, a new reporting system for threats made against healthcare professionals, a study to be completed by the DHP regarding the scope of practice of physician assistants, a new license type for anesthesiologist assistants, a faster regulatory pathway to allow for licensure by endorsement for professions that do not currently have one, a recommendation for education on communication with children diagnosed with autism spectrum disorder to be disseminated to DHP licensees, the elimination of the Board of Health Professions and the absorption of the Board's duties by the boards and DHP divisions.

2. **Report on Status of Regulatory /Policy Actions**

   There were no regulatory actions to report on at this meeting.

3. **Recommendation of draft amendments for licensure by endorsement**

   Due to the lack of a quorum, the Advisory could not vote to recommend the draft licensure by endorsement regulations to the Board of Medicine. DHP staff advised that the draft regulations may still be brought to the Board as a recommendation from the policy department.

Licensing Report

Sonya Armstead provided the following licensing statistics for Registered Polysomnographic Technologists:
Total Licensed in Commonwealth of Virginia - 490
Total licensed from 1/1 to present – 23
Time to licensure - 65 days

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Clearance rate - 100%

Announcements

Next Scheduled Meeting
The next scheduled meeting is Friday, October 24, 2025 at 2:30 p.m.

Mr. Sobowale advised that at future meetings, there will be no paper agenda packet. Advisory members will have their items pre-loaded on a laptop. The agenda will also be projected for the public to view. Agency staff will continue to send out the notice of meetings by email ahead of time.

Adjournment

Dr. Harp adjourned the meeting at 3:09 p.m.

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William L. Harp, MD, Executive Director

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Agenda Item: **Other Reports**

- Board Counsel*
- Podiatry Report*
- Chiropractic Report*
- Committee of the Joint Boards of Nursing and Medicine

Staff Note: *Reports will be given orally at the meeting

Action: These reports are for information only. No action needed unless requested by presenter.

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 26, 2025

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:35 A.M., February 26, 2025, in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Helen M. Parke, DNP, FNP; Board of Nursing - **Chair** Delia Acuna, FNP-C; Board of Nursing Shelly Smith, PhD, DNP, ANP-BC; Board of Nursing Blanton Marchese; Board of Medicine Bo Vaughan, Jr., MD; Board of Medicine
ADVISORY COMMITTEE MEMBERS PRESENT:	Olivia Mansilla, MD
STAFF PRESENT:	Claire Morris, RN., L.N.H.A.; Executive Director Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice Tamika Claiborne, Senior Licensing and Discipline Specialist Jennifer Deschenes, Deputy Executive Director; Board of Medicine
OTHERS PRESENT:	Brent Saunders, Assistant Attorney General; Board Counsel Erin Barrett, DHP Director of Legislative Affairs and Policy
IN THE AUDIENCE:	Dr. Yetty Shobo, Healthcare Workforce Data Center Dr. Barbara Hodgdon, Healthcare Workforce Data Center Allison Flinn, Medical Society of Virginia (MSV)
INTRODUCTIONS:	Committee members, Advisory Committee members, and staff members introduced themselves.
ESTABLISHMENT OF A QUORUM:	Dr. Parke called the meeting to order and established that a quorum was present.
WELCOME NEW MEMBERS:	Dr. Parke acknowledged new Committee Members, Dr. Smith and Dr. Vaughn and invited them to briefly share their background.
PUBLIC COMMENT:	No public comments were received.
STAFF REPORTS:	Dr. Hills provided an update on: • Advanced Practice Licensure & Discipline • APRN Workforce Report: 2024 • APRN Specialties Comparison Report: 2024 • Final Report and In Brief - Strategies to Strengthen the Anesthesia Workforce in Virginia 2024

Dr. Smith inquired if survey questions that inform the APRN Workforce reports are available for review and possible update.

Dr. Shobo advised that currently there is no periodic review per se and that the questions are relatively set for consistency and national and state-to-state comparison. She advised that there is some flexibility for each professional to add unique questions to the survey keeping in mind minimizing the survey burden on licensees during the renewal process.

Dr. Smith expressed her rationale for reviewing the questions is the fact that Credentials vs. Specialty do not correlate and that salary range options do not reflect current trends.

Mr. Marchese stated that $120K for CRNAs appears to reflect the national average.

After further discussion, DHP staff were tasked by the Committee to form a small workgroup to perform a survey question review and make recommendations for revisions to the survey.

DISCUSSION/
ACTION ITEM:

Dr. Smith remarked that it seems appropriate to dissolve the standing advisory committee but to utilize advisory individuals on an as-needed basis.

Dr. Vaughan moved to dissolve the Advisory Committee to the Committee of the Joint Boards of Nursing and Medicine. Mr. Marchese seconded the motion which carried unanimously.

LEGISLATION/
REGULATIONS:

Report of the 2025 General Assembly (GA):
Ms. Barrett reviewed the 2025 GA summary report that she provided that contained bills relevant to the Committee and Advanced Practice.

DISCIPLINE MINUTES: The Minutes from the Committee's four 2024 disciplinary meetings were distributed for informational purposes.

NEW BUSINESS: No new business

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 10:27 A.M.

Robin L. Hills
Deputy Executive Director for Advanced Practice

Agenda Item: **Current Regulatory Actions**

Staff Note: Ms. Barrett or Mr. Novak will speak to the Board of Medicine actions underway.

Action: If any action is required, guidance will be provided.

Board of Medicine
Regulatory Actions
As of June 16, 2025

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-130	Fast-Track	General disclosure requirement amendment consistent with statutory changes	10/23/2023	5 days	Updates requirements for midwife disclosures consistent with 2023 legislative changes

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-50	NOIRA	Implementation of the PA Compact	4/14/2025	56 days	Regulatory amendments necessary for entry into the PA Compact

At DPB or OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-20	Fast-Track	Removal of requirement to provide documentation of continuing competency for reactivation of a license	10/29/2024	OAG; 230 days	This will make only attestation required, similar to renewal of licenses
18VAC85-20	Fast-Track	Clean up of continuing education requirement references	4/8/2025	OAG; 69 days	Removes references to CE requirements that were removed in a previous regulatory action

		following regulatory reduction			
18VAC85-40	Proposed	Implementation of 2022 Periodic Review for Chapter 40	4/8/2025	OAG; 69 days	Implements changes following 2022 periodic review. Fast-track received an objection from a legislator pursuant to Va. Code § 2.2-4012.1., which converted the fast-track into a NOIRA. This action will now undergo the full regulatory process.
18VAC85-50	Fast-Track	Creation of reinstatement process for physician assistants with lapsed licenses	10/29/2024	OAG; 230 days	Missing process for PAs

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Submitted for publication	Effective Date	Notes
18VAC85-20	NOIRA	Licensure of foreign physicians through provisional and restricted licenses	3/24/25	4/23/2025	The legislative committee is currently creating proposed stage language for recommendation to the Board.
18VAC85-50	NOIRA	Removal of patient care team physician or podiatrist name from prescriptions issued by physician assistants	3/10/2025	4/9/2025	Proposed stage amendments will be presented to the executive committee in August.

18VAC85-50	NOIRA	Amendment to requirements for patient care team physician or podiatrist consultation and collaboration	3/10/2025	4/9/2025	Proposed stage amendments will be presented to the executive committee in August.
18VAC85-50	Fast-Track	Implementation of Periodic Review for Chapter 50	6/2/2025	7/17/2025	Implements changes following 2022 periodic review
18VAC85-80	Fast-Track	Elimination of active practice requirement for renewal	4/21/2025	6/5/2025	Eliminates requirement of active practice for renewal of OT license
18VAC85-110	Fast-track	Implementation of 2022 Periodic Review for Chapter 110	5/19/2025	7/3/2025	Implements changes following 2022 periodic review
18VAC85-130	Fast-track	Implementation of 2022 Periodic Review for Chapter 130	5/19/2025	7/3/2025	Implements changes following 2022 periodic review
18VAC85-150	Fast-track	Implementation of 2022 Periodic Review for Chapter 150	5/19/2025	7/3/2025	Implements changes following 2022 periodic review
18VAC85-170	Fast-track	Implementation of 2022 Periodic Review for Chapter 170	5/19/2025	7/3/2025	Implements changes following 2022 periodic review

Agenda Item: Consideration of Exempt Changes to LCM Practice Agreement Requirements Following 2025 General Assembly

Included in your agenda packet:

- Draft changes to chapters 30 and 70
- Acts of Assembly Chapter 557

Staff note: These changes were approved by the Board of Nursing at their May business meeting on 5/20.

Action needed:

- Motion to amend 18VAC90-30 and 18VAC90-70 by exempt action.

Project 8327

Board of Nursing

Changes to LCM practice agreement requirements pursuant to 2025 General Assembly

18VAC90-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approved program" means an advanced practice registered nurse education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which an advanced practice registered nurse is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957 of the Code of Virginia.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957 of the Code of Virginia.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

<u>"Independent practice midwife" means a licensed certified midwife who has completed a minimum of 1,000 hours of practice and is authorized to practice without a practice agreement and has practiced independently for two years or a certified nurse midwife who is authorized to practice without a practice agreement and has practiced independently for two years.</u>

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or advanced practice registered nurses, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team physician and the licensed advanced practice registered nurse that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed advanced practice registered nurse in the care and management of patients. The practice agreement also describes the prescriptive authority of the advanced practice registered nurse, if applicable. For an advanced practice registered nurse licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician or ~~a certified nurse midwife~~ an independent practice midwife with at least two years of clinical experience. For an advanced practice registered nurse licensed in the category of clinical nurse specialist, the practice agreement shall be between the advanced practice registered nurse and a consulting physician.

18VAC90-30-123. Practice of advanced practice registered nurses licensed as certified nurse midwives.

A. An advanced practice registered nurse licensed in the category of certified nurse midwife who has practiced fewer than 1,000 hours shall practice in consultation with a licensed physician in accordance with a practice agreement between the advanced practice registered nurse and the physician or with ~~a certified nurse midwife~~ an independent practice midwife who has practiced for at least two years prior to entering into the practice agreement. Such practice agreement shall address the availability of the physician or the ~~certified nurse~~ independent practice midwife for routine and urgent consultation on patient care.

B. The practice agreement shall be maintained by the nurse midwife and provided to the boards upon request. For nurse midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse midwife's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the nurse midwife shall be responsible for providing a copy to the boards upon request.

C. An advanced practice registered nurse licensed in the category of a certified nurse midwife shall practice in accordance with the Standards for the Practice of Midwifery (Revised 2011) defined by the American College of Nurse-Midwives.

18VAC90-70-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months.

"Approved program" means a midwifery education program that is accredited by the Accreditation Commission for Midwifery Education or its successor.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances containing an opioid may be prescribed for a period greater than three months.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Independent practice midwife" means a licensed certified midwife who has completed a minimum of 1,000 hours of practice and is authorized to practice without a practice agreement and has practiced independently for two years or a certified nurse midwife who is authorized to practice without a practice agreement and has practiced independently for two years.

"Licensed certified midwife" means an advanced practice midwife who is jointly licensed by the Boards of Nursing and Medicine pursuant to § 54.1-2957.04 of the Code of Virginia.

"MME" means morphine milligram equivalent.

"Practice agreement" means a written or electronic statement, jointly developed by the consulting licensed physician or independent practice midwife and the licensed certified midwife, that describes the availability of the physician for routine and urgent consultation on patient care.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

18VAC90-70-110. Practice of licensed certified midwives.

A. All licensed certified midwives shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-70-10~~.~~ unless the licensed certified midwife has met the criteria set forth in subsection D of § 54.1-2957 of the Code of Virginia.

B. The written or electronic practice agreement shall include provisions for the availability of the physician or independent practice midwife for routine and urgent consultation on patient care.

C. The practice agreement shall be maintained by the licensed certified midwife and provided to the boards upon request. For licensed certified midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the licensed certified midwife's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the licensed certified midwife shall be responsible for providing a copy to the boards upon request.

D. The practice of licensed certified midwives shall be consistent with the standards of care for the profession.

E. The licensed certified midwife shall include on each prescription issued or dispensed the licensed certified midwife's signature and Drug Enforcement Administration (DEA) number, when applicable.

F. The licensed certified midwife shall disclose to patients at the initial encounter that the licensed certified midwife is a licensed certified midwife. Such disclosure may be included on a prescription or may be given in writing to the patient.

G. A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation.

H. The licensed certified midwife shall disclose, upon request of a patient or a patient's legal representative, the name of the consulting physician or independent practice midwife, and information regarding how to contact the consulting physician or independent practice midwife.

CHAPTER 557

An Act to amend and reenact §§ 54.1-2957 and 54.1-2957.04 of the Code of Virginia, relating to certified nurse midwives; licensed certified midwives; independent practice; organized medical staff.

[S 1352]

Approved March 24, 2025

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2957 and 54.1-2957.04 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2957. Licensure and practice of advanced practice registered nurses; certified nurse midwives; independent practice of certified nurse midwives.

A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of advanced practice registered nurses. It is unlawful for a person to practice as an advanced practice registered nurse in the Commonwealth unless he holds such a joint license.

C. Every nurse practitioner who does not meet the requirements of subsection I shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. A nurse practitioner who meets the requirements of subsection I may practice without a written or electronic practice agreement. A certified nurse midwife shall practice pursuant to subsection H. A clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. An advanced practice registered nurse who is appointed as a medical examiner pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among advanced practice registered nurses and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16.

Physicians on patient care teams may require that an advanced practice registered nurse be covered by a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

Service on a patient care team by a patient care team member shall not, by the existence of such service alone, establish or create liability for the actions or inactions of other team members.

D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying collaboration and consultation among physicians and advanced practice registered nurses working as part of patient care teams that shall include the development of, and periodic review and revision of, a written or electronic practice agreement; guidelines for availability and ongoing communications that define consultation among the collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice agreements shall include provisions for (i) periodic review of health records, which may include visits to the site where health care is delivered, in the manner and at the frequency determined by the advanced practice registered nurse and the patient care team physician and (ii) input from appropriate health care providers in complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by an advanced practice registered nurse and provided to the Boards upon request. For advanced practice registered nurses providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the advanced practice registered nurse's clinical privileges or the electronic or written delineation of duties and responsibilities in collaboration and consultation with a patient care team physician.

E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as an advanced practice registered nurse if the applicant has been licensed as an advanced practice registered nurse under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure required of advanced practice registered nurses in the Commonwealth. An advanced practice registered nurse to whom a license is issued by endorsement may practice without a practice agreement with a patient care team physician pursuant to subsection I if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least three years of full-time experience, as determined by the Boards, in accordance with the laws of the state in which the nurse practitioner was licensed.

F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant temporary licensure to advanced practice registered nurses.

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his

practice such that he is no longer able to serve, or for other good cause, and an advanced practice registered nurse is unable to enter into a new practice agreement with another patient care team physician, the advanced practice registered nurse may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such advanced practice registered nurse may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided that the advanced practice registered nurse continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate input from appropriate health care providers in complex clinical cases and patient emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the advanced practice registered nurse to continue practice under this subsection for another 60 days, provided that the advanced practice registered nurse provides evidence of efforts made to secure another patient care team physician and of access to physician input. At the conclusion of the second 60-day period, provided that the advanced practice registered nurse provides evidence of the continued efforts to secure another patient care team physician and of access to physician input, the designee or his alternate of the Boards may grant permission for the advanced practice registered nurse to continue practicing under the management and leadership of a nurse practitioner licensed by the Boards of Medicine and Nursing who (i) meets the requirements of subsection I, (ii) routinely practiced with a patient population and in a practice area within the category for which the advanced practice registered nurse was certified and licensed, and (iii) has been authorized to practice without a written or electronic practice agreement for at least three years.

H. Every certified nurse midwife shall practice in accordance with regulations adopted by the Boards and consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000 hours shall practice in consultation with ~~a certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or~~ a licensed physician *or an independent practice midwife*, in accordance with a practice agreement. Such practice agreement shall address the availability of ~~the certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or~~ the licensed physician *or independent practice midwife* for routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice agreement upon receipt by the certified nurse midwife of an attestation from ~~the certified nurse midwife who has practiced for at least two years prior to entering into the practice agreement or~~ the licensed physician *or independent practice midwife* with whom the certified nurse midwife has entered into a practice agreement stating (i) that such ~~certified nurse midwife or~~ licensed physician *or independent practice midwife* has provided consultation to the certified nurse midwife pursuant to a practice agreement meeting the requirements of this section and (ii) the period of time for which such ~~certified nurse midwife or~~ licensed physician *or independent practice midwife* practiced in collaboration and consultation with the certified nurse midwife pursuant to the practice agreement. A certified nurse midwife authorized to practice without a practice agreement shall consult and collaborate with and refer patients to such other health care providers as may be appropriate for the care of the patient.

For the purposes of this subsection, "independent practice midwife" means a licensed certified midwife who is authorized to practice without a practice agreement pursuant subsection D of § 54.1-2957.04 and has practiced independently for two years or a certified nurse midwife who is authorized to practice without a practice agreement pursuant to this subsection and has practiced independently for two years.

I. A nurse practitioner who has completed the equivalent of at least three years of full-time clinical experience, as determined by the Boards, may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse practitioner of an attestation from either (i) the patient care team physician or (ii) an attesting nurse practitioner who assumed management and leadership of a nurse practitioner pursuant to subsection G and has met the requirements of this subsection for at least three years stating (a) that the patient care team physician or attesting nurse practitioner has served as a patient care team physician or attesting nurse practitioner, respectively, on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (b) that while a party to such practice agreement, the patient care team physician or attesting nurse practitioner routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (c) the period of time for which the patient care team physician or attesting nurse practitioner practiced with the nurse practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a new license that includes a designation indicating that the nurse practitioner is authorized to practice without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this subsection, the Boards may accept other evidence demonstrating that the applicant has met the requirements of this subsection in accordance with regulations adopted by the Boards.

A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall (1) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (2) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (3) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

J. A clinical nurse specialist licensed by the Boards of Medicine and Nursing who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement. Such clinical nurse specialist shall (i) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

A clinical nurse specialist licensed by the Boards who prescribes controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the clinical nurse specialist and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a clinical nurse specialist and provided to the Boards upon request. The practice of clinical nurse specialists shall be consistent with the standards of care for the profession and with applicable laws and regulations.

§ 54.1-2957.04. Licensure as a licensed certified midwife; practice as a licensed certified midwife; independent practice as a licensed certified midwife; use of title; required disclosures.

A. It shall be unlawful for any person to practice or to hold himself out as practicing as a licensed certified midwife or use in connection with his name the words "Licensed Certified Midwife" unless he holds a license as such issued jointly by the Boards of Medicine and Nursing.

B. The Boards of Medicine and Nursing shall jointly adopt regulations for the licensure of licensed certified midwives, which shall include criteria for licensure and renewal of a license as a certified midwife that shall include a requirement that the applicant provide evidence satisfactory to the Boards of current certification as a certified midwife by the American Midwifery Certification Board and that shall be consistent with the requirements for certification as a certified midwife established by the American Midwifery Certification Board.

C. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as a licensed certified midwife if the applicant has been licensed as a certified midwife under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure as a licensed certified midwife in the Commonwealth.

D. ~~Licensed~~ *A licensed* certified ~~midwives~~ *midwife who has practiced fewer than 1,000 hours* shall practice in consultation with a licensed physician *or independent practice midwife* in accordance with a practice agreement between the licensed certified midwife and the licensed physician *or independent practice midwife*. Such practice agreement shall address the availability of the physician *or independent practice midwife* for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by the licensed certified midwife and provided to the Board upon request. *A licensed certified midwife who has completed 1,000 hours of practice as a licensed certified midwife may practice without a practice agreement upon receipt by the licensed certified midwife of an attestation from the licensed physician or independent practice midwife with whom the licensed certified midwife has entered into a practice agreement stating (i) that such licensed physician or independent practice midwife has provided consultation to the licensed certified midwife pursuant to a practice agreement meeting the requirements of this section and (ii) the period of time for which such licensed physician or independent practice midwife practiced in collaboration and consultation with the licensed certified midwife pursuant to the practice agreement. A licensed certified midwife authorized to practice without a practice agreement shall consult, collaborate with, and refer patients to other health care providers as may be appropriate for the care of the patient.* The Board shall adopt regulations for the practice of licensed certified midwives, which shall be in accordance with regulations jointly adopted by the Boards of Medicine and Nursing, which shall be consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing the practice of midwifery.

For the purposes of this subsection, "independent practice midwife" means a licensed certified midwife who is authorized to practice without a practice agreement pursuant to this subsection and has practiced independently for two years or a certified nurse midwife who is authorized to practice without a practice agreement pursuant to subsection H of § 54.1-2957 and has practiced independently for two years.

E. Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife may prescribe Schedules II through VI controlled substances in accordance with regulations of the Boards of Medicine and Nursing.

F. A licensed certified midwife who provides health care services to a patient outside of a hospital or

birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation. As used in this subsection, "birthing center" shall have the same meaning as in § 54.1-2957.03.

G. A licensed certified midwife who provides health care to a patient shall be liable for the midwife's negligent, grossly negligent, or willful and wanton acts or omissions. Except as otherwise provided by law, any (i) doctor of medicine or osteopathy who did not collaborate or consult with the midwife regarding the patient and who has not previously treated the patient for this pregnancy, (ii) physician assistant, (iii) advanced practice registered nurse, (iv) prehospital emergency medical personnel, or (v) hospital as defined in § 32.1-123, or any employee of, person providing services pursuant to a contract with, or agent of such hospital, that provides screening and stabilization health care services to a patient as a result of a licensed certified midwife's negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability for acts or omissions constituting ordinary negligence.

2. The Department of Health shall amend the definition of "organized medical staff" in 12VAC5-410-10 to clarify that an organized medical staff may include other practitioners, including independent practice midwives, in addition to physicians and dentists.

Agenda Item: Recommendation of fast-track regulatory action

Included in your agenda package:

- Draft changes to governing reactivation and reinstatement of OTs and OTAs as recommended by the Advisory Board on Occupational Therapy;

- Written public comment received by and reviewed by the Advisory Board.

Staff notes: Stakeholders raised cost and barrier to practice issues with the requirement to hold national certification or pass the national examination following two years or more of a lapsed license. The included changes address the stakeholders' concerns and would ensure rapid return to practice in Virginia for those holding out of state licenses.

The changes also clean up language referring to the now-defunct active practice requirement for OT and OTA renewal (change effective 6/5/2025).

These changes were recommended by the Advisory Board for adoption by the full Board as a fast-track regulatory change.

Action needed:

- Motion to recommend fast-track regulatory changes to the Board of Medicine.

Project 8314 - Fast-Track

Board of Medicine

Expansion of options for reinstatement of lapsed occupational therapy or occupational therapy assistant license

18VAC85-80-72. Inactive licensure.

A. A licensed occupational therapist or an occupational therapy assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to ~~maintain hours of active practice or~~ meet the continued competency requirements of 18VAC85-80-71 and shall not be entitled to perform any act requiring a license to practice occupational therapy in Virginia.

B. An inactive licensee may reactivate his license upon submission of the following:

1. An application as required by the board;

2. A payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and

3. Documentation of completed continued competency hours equal to the requirement for the number of years, not to exceed six years, in which the license has been inactive.

C. An occupational therapist or occupational therapy assistant who has had an inactive license for six years or more ~~and who has not engaged in active practice, as defined in 18VAC85-80-10,~~ shall provide evidence of <u>two of the following:</u>

<u>1. Evidence of a current, active, and unrestricted license in another U.S. jurisdiction;</u>

<u>2. Documentation of completed continued competency hours equal to the requirement for six years;</u>

Draft

3. Evidence of current certification by NBCOT; or

4. A passing score on the national examination obtained within two years preceding application for reinstatement.

D. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-80-80. Reinstatement.

A. An occupational therapist or an occupational therapy assistant who allows a license to lapse for a period of two years or more and chooses to resume practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the license was lapsed and shall pay the fee for reinstatement of licensure as prescribed in 18VAC85-80-26.

B. An occupational therapist or occupational therapy assistant who has allowed a license to lapse for two years ~~or more~~ but less than four years shall provide:

1. Evidence of a current, active, and unrestricted license in another U.S. jurisdiction;

2. Documentation of completed continued competency hours equal to the requirement for the number of years in which the license has been lapsed;

3. ~~evidence~~ Evidence of current certification by NBCOT; or

4. ~~retake and pass~~ A passing score on the national examination obtained within the two years preceding application for reinstatement.

C. ~~An applicant for reinstatement shall meet the continuing competency requirements of 18VAC85-80-71 for the number of years the license has been lapsed, not to exceed six years.~~ An

occupational therapist or occupational therapy assistant who has allowed a license to lapse for four years or more shall provide two of the following:

1. Evidence of a current, active, and unrestricted license in another U.S. jurisdiction;

2. Documentation of completed continued competency hours equal to the requirement for the number of years in which the license has been lapsed, not to exceed six years;

3. Evidence of current certification by NBCOT; or

4. A passing score on the national examination obtained within two years preceding application for reinstatement.

D. An occupational therapist or an occupational therapy assistant whose license has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of the license as prescribed in 18VAC85-80-26 pursuant to § 54.1-2408.2 of the Code of Virginia.

Draft

NBCOT® National Board for Certification in Occupational Therapy

June 3, 2025

Erin Barrett
Director of Legislative and Regulatory Affairs
Virginia Department of Health Professions
Perimeter Center
9960 Maryland Drive, Suite 300
Henrico, VA 23233

RE: Support for the Current Proposed Amendments to 18 VAC 85-80-72 and 18 VAC 85-80-80

Dear Director Barrett:

I am writing on behalf of the National Board for Certification in Occupational Therapy (NBCOT) to express our strong support for the current proposed amendments to the occupational therapy regulations related to Inactive licensure (18 VAC 85-80-72) and Reinstatement (18 VAC 85-80-80). With that, we do not support the proposed amendments indicated by the American Occupational Therapy Association (AOTA), which provide alternative pathways to apply for a license after a status of inactive or for reinstatement.

NBCOT's mission is to protect the public through the validation of essential competencies for effective and safe occupational therapy practice. This mission directly aligns with the regulatory board's objective of protecting public health and safety.

Public protection is valued by the over 275,000 certified occupational therapy practitioners we represent, and certainly by the millions of healthcare clients they serve, as a matter of public safety. We believe the Virginia Board of Medicine and the Virginia Occupational Therapy Advisory Board share this fundamental value and commitment to public protection.

The proposed requirements that occupational therapy professionals who have an inactive license for six years or more, or those who allow a license to lapse for two years or more, either demonstrate current NBCOT certification or retake the exam, serve a vital public protection function. Such standards ensure that returning practitioners possess up-to-date knowledge and skills in a profession where evidence-based practices, therapeutic techniques, and safety protocols continue to evolve rapidly.

Maintaining NBCOT certification is both accessible and affordable for practitioners. The renewal fee is only $65 for a full three-year certification cycle, making it a reasonable investment in one's professional standing. This modest cost helps ensure that the requirement is not financially prohibitive for those seeking to return to practice. With that, renewal requirements indicate certificants must complete at least thirty-six units of professional development during a renewal cycle also demonstrating continued education.

Multiple states already recognize the value of maintaining NBCOT certification and accept evidence of current certification as a means of meeting licensure requirements for continued professional development. South Carolina, for example, requires all licensees to maintain their NBCOT certification throughout their professional careers, demonstrating that this approach is both practical and beneficial to public protection. Additionally, multiple jurisdictions, including the District of Columbia, have already instituted statutes and/or regulations that require NBCOT certification after a lapsed license, in turn, demonstrating their awareness of the value of this certification.

Beyond meeting regulatory requirements, NBCOT certification provides practitioners with numerous benefits, including:

- Access to continuing education resources and professional development tools
- Recognition of meeting national standards of practice
- Enhanced professional credibility with employers and clients
- Opportunities for professional networking and engagement with the broader OT community

While we understand concerns about requirements for practitioners returning after absence, we believe this requirement strikes an appropriate balance between professional accessibility and public safety. The NBCOT certification process is specifically designed to verify that practitioners meet the established standards of practice necessary for safe and effective care.

This requirement aligns with growing national trends for practitioners who have been working in other states. For those returning after personal circumstances like illness or family emergencies, the certification requirement ensures they are fully prepared to provide safe, high-quality care upon their return while remaining financially accessible.

Of note, AOTA's proposed amendments do not support the protection of the public and will create additional work for the Virginia Occupational Therapy Advisory Board. Included in AOTA's proposed amendments is a stipulation that an occupational therapy

professional applying for reinstatement after less than four years "shall provide" all four items listed, but an occupational therapy professional applying for reinstatement after four or more years only needs to provide two of the items listed. With that, we question how thoroughly these amendments were vetted.

We believe the current proposed amendments represent reasonable safeguards that benefit both the public and the profession by maintaining high standards of practice. NBCOT remains committed to collaborating with the Virginia Board of Medicine, the Virginia Occupational Therapy Advisory Board, and occupational therapy professionals to support the successful implementation of these amendments.

Thank you for considering our perspective on this important matter. Of course, we will make ourselves available for any future meetings to discuss the language or NBCOT's position. Please contact me at bwilliams@nbcot.org or 812453-0004.

Sincerely,

Barbara Williams

Barbara Williams, DrOT, MS, OTR
Vice President of External and Regulatory Affairs
National Board for Certification in Occupational Therapy

Agenda Item: Repeal of Guidance Document 76-21.1.30

Included in your agenda package:

- GD 76-21.1.30
- TownHall page of Chapter 20 periodic review action

Staff Note: The Chapter 20 periodic review action included in this agenda package became effective February 27th, and among other changes and reductions, eliminated regulations governing mixing, diluting, and reconstituting. Accordingly, this guidance document is no longer necessary.

Action Needed:

- Motion to repeal Guidance Document 76-21.1.30

Virginia Department of
Health Professions
Board of Medicine www.dhp.virginia.gov

MIXING, DILUTING or RECONSTITUTING of DRUGS for ADMINISTRATION

Physician's Name: _____ **License Number:** _____
Practice Name: _____ **Phone Number:** _____
Address: _____ **Inspection Date:** _____

C	NC	NA	REQUIREMENTS FOR IMMEDIATE-USE STERILE MIXING, DILUTING OR RECONSITITUING 18VAC85-20-400
☐	☐	☐	Mixing, diluting, or reconstituting of sterile manufactured drug products occurs without direct contact contamination. NOTE: No direct contact contamination means that there is no contamination from touch, gloves, bare skin or secretions from the mouth or nose.
☐	☐	☐	Administration begins within 10 hours of the completion time of the preparation of the drug. If manufacturer's instructions or any other accepted standard specifies or indicates an appropriate time between preparation and administration of less than 10 hours, the mixing, diluting or reconstituting shall be in accordance with the lesser time.
☐	☐	☐	Drugs in fat emulsions are administered within 1 hour of preparation.
			Administration of emergency drugs used in the practice of anesthesiology may exceed 10 hours after completion of the preparation, provided administration does not exceed the specified expiration date of a multiple use vial, and there is compliance with all other requirements of this section.
			Administration of allergens may exceed 10 hours after completion of the preparation, provided administration does not exceed the specified expiration date of a multiple use vial, and there is compliance with all other requirements of this section.

C	NC	NA	REQUIREMENTS FOR IMMEDIATE-USE STERILE MIXING, DILUTING OR RECONSITITUING 18VAC85-20-400 **Doctors of medicine or osteopathic medicine who engage in immediate-use mixing, diluting or reconstituting shall:**
☐	☐	☐	Utilizes the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility in immediate-use mixing, diluting or reconstituting.
☐	☐	☐	Ensure that all personnel under his/her supervision who are involved in immediate-use mixing, diluting or reconstituting are appropriately trained in and utilize the practices and principles of disinfection techniques, aseptic manipulations and solution compatibility.
☐	☐	☐	Established procedures for verification of the accuracy of the product that has been mixed, diluted, or reconstituted to include a second check performed by a doctor or medicine or osteopathic medicine or a pharmacist, or by a physician assistant or a registered nurse who has been specifically trained pursuant to subdivision 2 of 18VAC85-20-400 in immediate-use mixing, diluting and reconstituting. NOTE: Mixing, diluting or reconstituting that is performed by a doctor of medicine or osteopathic medicine, a pharmacist, or by a specifically trained physician assistant or registered nurse or mixing, diluting or reconstituting of vaccines does

			not require a second check.
☐	☐	☐	Provide a designated, sanitary work space and equipment appropriate for aseptic manipulations.
☐	☐	☐	Document or ensure that personnel under his/her supervision documents in the patient record or other readily retrievable record the identification of the patient; the name of drugs mixed, diluted or reconstituted; and the date and time of preparation and administration.
☐	☐	☐	Develop and maintain written policies and procedures to be followed in mixing, diluting or reconstituting of sterile products and for the training of personnel.
☐	☐	☐	Any mixing, diluting or reconstituting of drug products that are hazardous to personnel shall be performed consistent with the requirements of all applicable federal and state laws and regulations for safety and air quality, to include but not be limited to those of the Occupational Safety and Health Administration. (OSHA) and USP Chapters 797 and 800.

C	NC	NA	REQUIREMENTS FOR LOW, MEDIUM OR HIGH-RISK STERILE MIXING, DILUTING OR RECONSTITUTING 18VAC85-20-410
☐	☐	☐	Doctors of medicine or osteopathic medicine who engage in low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products shall comply with all applicable requirements of USP Chapters 797. NOTE: Any mixing, diluting or reconstituting of sterile products that does not meet the criteria for immediate-use as set forth in 18VAC-20-400 A shall be defined as low-, medium-, or high-risk compounding under the definitions of Chapter 797 of the U.S. Pharmacopeia (USP) Subsequent changes to USP Chapter 797 shall apply within one year of the official announcement by USP.
☐	☐	☐	A current copy, in any published format, of USP Chapter 797 shall be maintained at the location where low-, medium-, or high-risk mixing, diluting or reconstituting of sterile products is performed.

C	NC	NA	RESPONSIBILITIES OF DOCTORS WHO MIX, DILUTE OR RECONSTITUTE DRUGS IN THEIR PRACTICES 18VAC85-20-420
☐	☐	☐	Doctors of medicine or osteopathic medicine who delegate the mixing, diluting or reconstituting of sterile drug products for administration retain responsibility for patient care and shall monitor and document any adverse responses to the drugs.
☐	☐	☐	Doctors who engage in the mixing, diluting or reconstituting of sterile drug products in their practices shall disclose this information to the Board in a manner prescribed by the Board and are subject to unannounced inspections by the Board or its agents.

Inspector Signature: _____

Physician Signature: _____

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VIRGINIA REGULATORY TOWN HALL

Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic [18 VAC 85 - 20]

Action: Implementation of 2022 Periodic Review of Chapter 20

Fast-Track Stage

Action 6124 / Stage 9843

Edit Stage | Go to RIS Project

Documents		
Proposed Text	12/26/2024 4:39 pm	Sync Text with RIS
Agency Background Document	10/6/2022 (modified 8/28/2023)	Upload / Replace
ORM Economic Review Form	10/7/2022	Upload / Replace
Attorney General Certification	6/16/2023	
DPB Economic Impact Analysis	8/30/2023	
Agency Response to EIA	9/28/2023	Upload / Replace
Governor's Review Memo	12/18/2024	
Registrar Transmittal	12/18/2024	

Status	
Incorporation by Reference	No
Attorney General Review	Submitted to OAG: 10/6/2022 Review Completed: 6/16/2023 Result: Certified
DPB Review	Submitted on 7/21/2023 Economist: Oscar Ozfidan Policy Analyst: Jeannine Rose Review Completed: 8/30/2023
Secretary Review	Secretary of Health and Human Resources Review Completed: 8/21/2024
Governor's Review	ORM Review: ORM Approved 12/18/2024 Governor Review Completed: 12/18/2024 Result: Approved
Virginia Registrar	Submitted on 12/18/2024 The Virginia Register of Regulations Publication Date: 1/13/2025 Volume: 41 Issue: 11

Comment Period	Ended 2/12/2025 0 comments
Effective Date	2/27/2025

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This person is the primary contact for this chapter.

This stage was created by Erin Barrett on 10/06/2022 at 2:05pm
This stage was last edited by Erin Barrett on 10/06/2022 at 2:05pm

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board for initiation of regulatory process to allow athletic trainers to perform dry needling;
- Comments received via Town Hall; and
- Scope of practice of licensed athletic trainers in Virginia Code § 54.1-2900.

Staff notes: There were 764 comments on this petition. Approximately 500 comments were in favor of the change; approximately 250 were opposed; approximately 15 described no discernible position.

As stated to the Advisory Board on Athletic Training, the petition requests an expansion of the current statutory scope of practice through regulation. The Advisory Board and the petitioner have been advised that legislative change is required.

The Advisory Board, which is supportive of the concept of athletic trainers performing dry needling with appropriate training, certification, and supervision, voted to recommend that the Board initiate regulatory change.

Action needed:

Motion to either:

- Deny the petition, stating the reason why; or
- Accept the recommendation of the Advisory Board and initiate rulemaking.

Code of Virginia
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions
Chapter 29. Medicine and Other Healing Arts
Article 1. General Provisions

§ 54.1-2900. Definitions

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Advanced practice registered nurse" means a certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, or nurse practitioner who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957, has completed an advanced graduate-level education program in a specialty category of nursing, and has passed a national certifying examination for that specialty.

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear.

"Birth control" means contraceptive methods that are approved by the U.S. Food and Drug Administration. "Birth control" shall not be considered abortion for the purposes of Title 18.2.

"Board" means the Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957.

"Collaboration" means the communication and decision-making process among health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care of the patient and includes (i) communication of data and information about the treatment and care of a patient, including the exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and

assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Consultation" means communicating data and information, exchanging clinical observations and assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.

"Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Licensed certified midwife" means a person who is licensed as a certified midwife by the Boards of Medicine and Nursing.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Nurse practitioner" means an advanced practice registered nurse, other than an advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.

"Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in the Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Physician assistant" means a health care professional who has met the requirements of the Board for licensure as a physician assistant.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize

physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of the five needle auricular acupuncture protocol (5NP) as exempted in § 54.1-2901.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions, including in an inpatient or outpatient setting, under the direction of the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or vaccines. "Practice of chiropractic" includes (i) requesting, receiving, and reviewing a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic. "Practice of chiropractic" also includes performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (a) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (b) registered with the National Registry of Certified Medical Examiners.

"Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's and family's responses to the medical condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii) providing written documentation of medical, genetic, and counseling information for families and health care professionals.

"Practice of licensed certified midwifery" means the provision of primary health care for preadolescents, adolescents, and adults within the scope of practice of a certified midwife established in accordance with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i) providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating with or referring patients to such other health care providers as may be appropriate for the care of the patients; and (iv) serving as an educator in the theory and practice of midwifery.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis, and treatment of human physical or mental ailments, conditions, diseases, pain, or infirmities by any means or method.

"Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of ionizing radiation to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the

Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine and shall be performed under qualified medical direction.

"Practice of surgical assisting" means the performance of significant surgical tasks, including manipulation of organs, suturing of tissue, placement of hemostatic agents, injection of local anesthetic, harvesting of veins, implementation of devices, and other duties as directed by a licensed doctor of medicine, osteopathy, or podiatry under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory therapist.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i) performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive chemical compounds under the direction of an authorized user as specified by regulations of the Department of Health, or other procedures that contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment that emits ionizing radiation that is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

"Surgical assistant" means an individual who has met the requirements of the Board for licensure as a surgical assistant and who works under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

Code 1950, § 54-273; 1950, p. 110; 1958, c. 161; 1960, c. 268; 1966, c. 657; 1970, c. 69; 1973, c. 529; 1975, cc. 508, 512; 1977, c. 127; 1980, c. 157; 1986, c. 439; 1987, cc. 522, 543; 1988, cc. 737, 765; 1991, c. 643; 1994, c. 803;1995, c. 777;1996, cc. 152, 158, 470, 937, 980;1998, cc. 319, 557, 593;1999, cc. 639, 682, 747, 779;2000, cc. 688, 814;2001, c. 533;2004, c. 731;2007, c. 861;2008, cc. 64, 89;2009, cc. 83, 507;2010, cc. 715, 725;2011, cc. 121, 187;2012, cc. 3, 110, 168, 213, 399;2014, cc. 10, 266;2015, c. 302;2016, c. 93;2017, c. 171;2019, cc. 92, 137;2020, cc. 357, 420, 1222;2021, Sp. Sess. I, cc. 157, 200, 201;2022, c. 151;2023, c. 183;2024, cc. 222, 548.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Commenter	Title	Comment	Date/ID
Acupuncture Society of Virginia	Protect Patient Safety Oppose Granting Dry Needling Authority to Athletic Trainers	On behalf of the Acupuncture Society of Virginia (ASVA) and our members, we respectfully oppose the proposed amendment to 18VAC85-120-110, which seeks to grant licensed athletic trainers the authority to perform dry needling following training and physician screening. Dry needling is an invasive procedure involving the insertion of filiform needles into myofascial trigger points and other soft tissue structures to relieve pain and dysfunction. While it is often distinguished from acupuncture in terminology, the technique is fundamentally identical to acupuncture as defined in traditional and contemporary medical practice. Allowing athletic trainers—who do not possess the requisite education, clinical training, or licensure in acupuncture—to perform this procedure poses significant risks to public health and safety. **Concerns Regarding Patient Safety & Proper Training** 1. Insufficient Training Standards: Athletic trainers undergo extensive training in musculoskeletal assessment and rehabilitation, but their education does not include the rigorous study of needling techniques, acupuncture points, meridian theory, or safety protocols for needle insertion that licensed acupuncturists undertake. The proposed amendment does not specify adequate training standards to ensure the safe and effective practice of dry needling by athletic trainers. 2. Risk of Injury and Infection: Improper needling techniques can result in serious complications and life-threatening incidents, including nerve damage, pneumothorax, infection, and excessive bleeding. Licensed acupuncturists in the state of Virginia undergo a minimum of 1,900 hours of comprehensive training, including needle insertion safety, sterilization techniques, and extensive supervised clinical practice. The proposed amendment does not ensure equivalent or sufficient training standards for athletic trainers to mitigate these risks. 3. Lack of Regulatory Oversight: The practice of acupuncture, including dry needling, is prescribed under Virginia law and regulated by the Board of Medicine's acupuncture regulations. Allowing athletic trainers to perform dry needling under a separate regulatory structure, without the same rigorous oversight required of licensed acupuncturists, creates a dangerous precedent that compromises patient safety. Licensed acupuncturists in Virginia also maintain national board certification that further ensures patient safety with ongoing recertification requirements and a national ethics and disciplinary review process. **Legal & Professional Scope of Practice Issues** 1. Violation of Scope of Practice: Athletic trainers are not currently authorized under Virginia law to perform invasive procedures involving needle insertion. Expanding their scope of practice to include dry needling would require clear legislative action (similar to physical therapists in § 54.1-3482), rather than a regulatory amendment, to ensure proper accountability and public protection. The side-by-side definitions (§ 54.1-2900) of the practice of acupuncture and the practice of athletic training clearly delineate the use of needles for acupuncturists and not athletic trainers. 2. Public Misperception and Consumer Confusion: Patients seeking dry needling may not be fully aware of the differences in training and qualifications between licensed acupuncturists, physical therapists and athletic trainers. This amendment could lead to consumers receiving treatment from inadequately trained practitioners, thereby undermining public trust in regulated healthcare professions. Given the substantial risks associated with inadequate training, the potential for patient harm, and the need to uphold professional standards in healthcare, the Acupuncture Society of Virginia strongly opposes the proposed amendment to 18VAC85-120-110. We urge the Board to reject this petition and uphold the current regulatory framework, which ensures that invasive needling procedures remain within the scope of appropriately trained and licensed healthcare providers.	4/7/25 9:51 am CommentID:233531
Tyme M Gigliotti	Dry Needling by athletic trainers	Greetings honorable representatives, I send this to express my strong objection to athletic trainers performing dry needling. Following an injury I had dry needling done on myself by a physical therapist who I later discovered had very little training. It ended up making my condition much worse. Athletic trainers will not be undergoing any more training than physical therapists, and most likely even less. This makes the potential for harm that much greater. I have done quite a bit of research on dry needling since then and I assure you this is not as simple a technique as athletic trainers and physical therapists would have you believe. I ask you to please vote no on this proposed bill. Thank you for your time and your service. Respectfully, Tyme Gigliotti	4/7/25 10:44 am CommentID:233532
Heal from Within	Dry Needling by Athletic Trainers	Any time that the skin is penetrated by a sharp object, ANY type of needle or scalpel, extraordinary care must be exercised. It is not only an opportunity for infection, but the practitioner is altering blood flow, a person's essence and chemical make-up. Without the essential knowledge of the interactions between the primary organ systems and how the systems (heart, kidney, intestines, spleen, stomach...) support or counteract, there could be unintentional consequences that neither the patient nor an uneducated practitioner would anticipate. I respect the field of sports medicine. However I don't know about the expertise of athletic trainers. I would suggest that the educational requirements for trainers needs to be reviewed and analyzed for the surgical aspects that is dry needling. Even physicians who perform acupuncture are aware of the consequences of penetrating a patients skin in order to alter a condition.	4/7/25 10:47 am CommentID:233533
Dr. Sapphyre Miria	Say NO to Atheltic Trainers performing Dry Needling!	While I typically don't give much attention to what I like to affectionately call the "dry needling wars" as I know that PTs don't know the medicine like us acupuncturists do... they might be able to get rid of a trigger point, but can they treat the underlying imbalance that caused it in the first place? Not likely. But this proposal? This is absurd. As a native Virginian who completed my acupuncture training in California, I went through thousands of hours of training (3250). I think even here in VA its 1,850, right? According to Myopain Seminars, if ATs are allowed by their state licensing board to utilize dry needling, they can do so with only 27 hours of training!!! What level of safety training are they receiving? Do legislators understand the high risk of improper needling e.g. pneumothorax, punctured organs, nerve damage, etc? This legislation is not only irresponsible in terms of allowing folks with improper training to perform needling, it is potentially life threatening to the folks that they use their needles on. Furthermore, it has the potential to derail our careers, those of us who are properly trained professionals with an acupuncture license, if these under-trained folks begin to cause serious harm as we would likely be lumped in with them e.g. "Acupuncture is dangerous because I know Joe Blow who died when his athletic trainer tried to get rid of a trigger point in his upper trap and accidentally ruptured his lung". Beyond the potential for severe health complications, this legislation is an insult to those of us who spent years in graduate school, studying Chinese medicine in depth, so that we can properly treat people with a high level of safety. Why do we even have acupuncture licensing laws if someone with as little education as 27 hours in needling can perform our jobs? Frankly, I see this as a form of cultural appropriation to take the needling out of the context of the original culture and guiding philosophies from which it was born and apply it from a western perspective. In Toby Daly's article, "The Extractive Nature of Integrative Medicine" published in Journal of Chinese Medicine, Issue 134, February 2024 he states the following: "I spoke with a biomedical doctor after he completed a weekend 'training' in dry needling. He told me that since he used guide tubes to insert the needles, he could retain them for longer than twenty minutes (and I still have no idea what he meant by that). He was also surprised when he experienced syncope after his fellow trainees, also medical doctors, inserted more than 20 needles into his body to practice. Since he had no concept of yang collapse and because there is no known mechanism between increasing bradykinin and syncope, he was at a loss for how this happened." This is but one example of how the needles can be improperly applied and cause damage that is outside the understanding of Western practitioners because they do no understand the underlying Chinese medicinal principles of when, where, how, and why to apply the needles. Why would we in good conscience allow this to take place in this day and age? Please do not allow this legislation to pass. It is dangerous and insulting to us practitioners who are properly trained to needle.	4/7/25 11:05 am CommentID:233538
Anonymous	No AT/DN	Absolutely against ATs doing DN. This is an invasive procedure to be performed only by medical professionals. We acupuncturist spend years training to use a needle. Allow this and endanger public health. Harry F Lardner L.Ac	4/7/25 11:38 am CommentID:233544
Dr. Jen Hart	Oppose Dry Needling	As a licensed acupuncturist in the state of Virginia, I strongly oppose athletic trainers practicing dry needling. Dry needling is in fact a form of Acupuncture. All licensed acupuncturists have spent thousands of hours in school, earning masters degrees and doctorates and we take extreme pride in knowing we have mastered our skill. Acupuncture and dry needling are not skills that can be aquired with a weekend certification, nor are they skillsets to be taken lightly. This simply puts patients and individuals at risk for injury due to untrained professionals, and diminishes the skillset acupuncturists have earned.	4/7/25 11:39 am CommentID:233545
Justin Short	NO to athletic trainers using dry needling.	Why do we as a country and state require Licensed Acupuncturists to got through 3-4 years of graduate school followed by rigorous testing before we trust them to use needles in this manner, but let athletic trainers, with no graduate level training and only a few weekend course hours required for a 'certification' treat in virtually the same way? It defies logic. If you think this is ok for athletic trainers to do, then why not get rid of the high standards required for acupuncturists? Or, if you think these educational requirements for acupuncturists are justified, as I do, then it is inconsistent, and frankly dangerous, to let athletic trainers do functionally the same treatment with comparatively minuscule levels of training.	4/7/25 12:10 pm CommentID:233547
Arthur Fan	Please stop using Dry needling to bypass the acupuncture law	For the term "dry needling", it is another translation of the Chinese medicine term "Zhen". Same meaning as the "Acupuncture". Some professionals want to actually practice acupuncture, using "dry needling" to bypass the acupuncture law. This is not safe for the general public and not fair to acupuncture profession either for licensed acupuncturists or medical (physician) acupuncturists. Acupuncture law requires for a licensed acupuncturist: (1) a student graduates from a national agency-accredited acupuncture school (before applying the school, should with q minimal 60 credits from an accredited college); (2) three years of graduate study at least at a master's degree (minimal 90 credits); (3?pass national examination of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); (4) get a acupuncture license from the state. Acupuncture law requires a licensed physician(MD) to practice acupuncture: (1) with MD license (this requires 4 years post-undergraduate college study); (2) 250-300 hours of acupuncture training in an accredited Medical Acupuncture training agency. Any other professionals, like athletic trainers, need to follow the acupuncture law and get a formal education in an acupuncture school. I oppose using "dry needling" to bypass the acupuncture law, and practicing dry needling (actually acupuncture), without enough training.	4/7/25 12:12 pm CommentID:233548
Monika Semerey	No dry needling by a physician	Hello. Dry needling should be performed by licensed acupuncturists rather than physicians, as acupuncturists have extensive and specialized training in the techniques, anatomy, and safety protocols required for effective treatment. Their expertise ensures proper needle placement, reducing risks of injury and maximizing therapeutic outcomes. Physicians may lack this specialized skill set. They should not be allowed to perform it.	4/7/25 1:17 pm CommentID:233549
Joshua Elliott	Stand for Integrity: Oppose the Amendment to 18VAC85-120-110	There comes a moment when silence is no longer an option—not because we seek conflict, but because truth demands a voice. This is not a matter of professional rivalry. It is a matter of public safety, of principled standards, and of honoring the path of those how have earned the title of "Licensed Acupuncturist." Dry needling is acupuncture. Let's not pretend otherwise. The insertion of a solid filiform needle into muscle tissue to elicit a response is not a new invention. It is a fragment of a medicine that is thousands of years old, reduced, renamed, and repackaged—stripped of its root and context. To allow someone to wield a needle with a weekend course or a brief certification is not only dangerous—it is a betrayal of the patient's trust. Licensed acupuncturists in Virginia complete thousands of hours of rigorous medical education, including in-depth anatomy, physiology, safety, and supervised clinical training. We undergo national board examinations and state licensure.	4/7/25 1:36 pm CommentID:233550

	Trainers Dry Needling	certifications and mastering the specialty. Allowing athletic trainers who have little training would put patients at high risk and also diminish the work of highly trained acupuncturists. I hope you reconsider this bill.	CommentID:233570
A. Grizzle	NO to 18VAC85-120-110	Dry needling should absolutely not be integrated into athletic training programs because it involves complex physiological processes, including but not limited to the nervous system and musculature, that require specialized training beyond the scope of standard athletic training curricula. Additionally, safety protocols and the extensive years of education needed to properly administer dry needling make it an intervention best suited for licensed acupuncturists who have undergone professional training and licensure. To ignore these facts would be grossly negligent and overlook the seriousness for potential risks and adverse events associated with improper application, which could lead to harm or injury to athletes if not performed by adequately trained professionals.	4/8/25 3:24 pm CommentID:233571
Anonymous	No to ammendment 18VAC85-120-110	The proposed ammendment 18VAC85-120-110 threatens the safety of patients undermining the rigorous education and license necessary to ensure minimal harm to patients.	4/8/25 6:03 pm CommentID:233572
Megan Lamb	NO to 18VAC85-120-110	NO to 18VAC85-120-110	4/8/25 6:07 pm CommentID:233573
lisa c smith, health offerings inc.	strongly oppose athletic trainers to use dry needling.	Dry needling is acupuncture. Athletic trainers do not have the specific and comprehensive training to attempt dry needling. Call it what you want, dry needling uses acupuncture needles and acupuncture and dry needling is internal medicine. Without adequate training and medical knowledge and specific knowledge of acupuncture, dry needling is dangerous. It is also misleading to the public to call it dry needling when dry needling is acupuncture. This is a dangerous trend this dry needling and athletic trainers DO NOT have enough knowledge, skill and training specific to the use of acupuncture needles for any purpose. This is a terrible idea, many people will get hurt. I have over 2000 hours of training and 25 years of clinical experience. Athletic trainers should not be allowed to dry needle.	4/8/25 9:26 pm CommentID:233574
Crispy Park, VUIM	Protect Patient Safety: Oppose Inadequate Training for Dry Needling	I strongly oppose the proposed amendment to 18VAC85-120-110 that would permit athletic trainers to perform dry needling with minimal training. Dry needling involves the insertion of needles into muscle tissue and requires a deep understanding of anatomy, potential risks, and clinical judgment—skills that are developed through extensive, specialized education. Allowing individuals to perform this technique without the rigorous training required of other healthcare professionals jeopardizes patient safety and lowers the standard of care. I urge the Board to prioritize public health and safety by rejecting this amendment.	4/8/25 9:54 pm CommentID:233576
Shawn Crawford, Collaborative Health Partners	Support of Athletic Trainers performing Dry Needling	I am writing to express my strong support for the approval of athletic trainers performing dry needling based on their comprehensive training and clinical experience. As an advocate for both the advancement of healthcare practices and the well-being of athletes, I firmly believe that athletic trainers are uniquely qualified to perform dry needling as part of their treatment arsenal. Athletic trainers undergo extensive education and hands-on experience to manage musculoskeletal injuries and enhance recovery, including specialized training in injury assessment, rehabilitation, and pain management techniques. In recent years, dry needling has emerged as an effective modality for relieving pain and improving the range of motion in individuals with musculoskeletal conditions. Given their depth of knowledge in these areas, athletic trainers are well-equipped to perform dry needling safely and effectively. Moreover, athletic trainers are often the first line of care for athletes and active individuals. Their ability to incorporate dry needling into their practice would expand their toolkit for addressing complex and painful musculoskeletal issues in real-time, improving patient outcomes and reducing recovery times. These benefits are particularly important in settings such as sports teams, rehabilitation clinics, and other environments where quick and effective treatment is critical. It is essential to recognize the rigorous education and certification process that athletic trainers undergo, which prepares them to perform a wide range of interventions with a focus on patient safety. Many athletic trainers have already completed specialized post-graduate training in dry needling, further demonstrating their competence and readiness to incorporate this technique into their practice. With proper regulatory oversight, there is no reason to believe that athletic trainers cannot perform dry needling with the same level of safety and proficiency as other licensed healthcare professionals who currently utilize the modality. I urge you to consider the benefits of allowing athletic trainers to perform dry needling and to approve this practice based on the extensive training and clinical expertise they possess. This will not only enhance the care available to athletes and patients but also ensure that athletic trainers can continue to provide the highest standard of care possible. Thank you for your time and consideration of this important matter. I am confident that this decision will benefit both athletic trainers and the communities they serve. Sincerely, Shawn Crawford, CEO Collaborative Health Partners	4/8/25 10:34 pm CommentID:233578
Vanneshja Hill-Edwards	No to 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 9:29 am CommentID:233579
Morgan Roberts	NO to 18VAC85-120-110	NO to 18VAC85-120-110!!	4/9/25 9:45 am CommentID:233580
Liv	No to 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 9:46 am CommentID:233581
Dallis	No to 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 10:30 am CommentID:233584
Bryona Brooks	No to 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 11:18 am CommentID:233586
Frances	No to 18VAC85-120-110	NO to 18VAC85-120-110	4/9/25 11:21 am CommentID:233587
Isarah PL	NO TO 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 11:22 am CommentID:233588
Daysha	NO TO 18VAC85-120-110	no!	4/9/25 12:12 pm CommentID:233589
Maya L.	No to 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 12:15 pm CommentID:233590
Michael Kotelnicki	Support for regulation amendment to include ATs in dry needling	I am writing to express my support for amending current regulations to allow certified, Virginia-licensed, and American Medical Association (AMA)-recognized athletic trainers to perform the modality of dry needling. At present, the Commonwealth lacks a standardized definition of dry needling. However, two widely accepted interpretations classify it either as a mechanical or invasive modality. Athletic trainers are qualified under both interpretations. The athletic training practice act permits the use of mechanical modalities when the provider is trained or certified in the modality and operates under the direction of a physician. Since dry needling is often categorized as a mechanical modality, it appropriately falls within the scope of practice for athletic trainers. Moreover, dry needling is also classified by some as an invasive procedure. Accredited athletic training programs—governed by the Commission on Accreditation of Athletic Training Education (CAATE)—already require training in invasive techniques such as emergency IV access, lidocaine injections, and wound closure using staples or sutures. These competencies demonstrate the rigorous clinical preparation athletic trainers receive. During the COVID-19 pandemic, the Governor of Virginia issued an emergency order recognizing the qualifications of athletic trainers to administer vaccines after appropriate training, further underscoring their capabilities as healthcare professionals. It is important to distinguish dry needling, grounded in Western medicine and focused on myofascial trigger point therapy, from acupuncture, which follows Eastern medicine and meridian theory. Arguments against athletic trainers performing dry needling often commingle these two distinct practices. For discussions to be productive, they must remain consistent in scope and terminology. The amendment brought forth is not focused on the practice of acupuncture, but the modality of dry needling, furthermore the argument of opposition should remain on dry needling and the mention of acupuncture is, in its core essence, not the congruent modality as defined by that providers' stated education requirements, certification, licensure and clinical practice. Certified athletic trainers, who possess a minimum of a master's degree, are extensively trained in clinical procedures. They are trusted in diverse, high-stakes environments such as surgical suites, military operations, law enforcement, emergency medical services, physician practices, and air medical transport. Their impact spans from Olympic and professional athletes to rehabilitation centers and high schools, all underpinned by state regulatory standards. As a profession, athletic trainers remain committed to practicing within our defined scope and under the supervision of a licensed physician. We also value and support our fellow healthcare providers, working collaboratively for the benefit of our shared patients. Thank you for considering this important amendment. It will not only reinforce the capabilities of athletic trainers but also enhance patient access to safe and effective care.	4/9/25 3:25 pm CommentID:233598
Connie Peterson	YES to ATs using dry needling	Dry needling and accupuncture are not the same thing (different theory and practice) but puncturing the skin, primarily in extremities, with the proper training, poses few risks to patients. As athletic trainers, we are doing this on the field or during play, it is a controlled clinical skill with well supported outcomes. Physiotherapists (our European equivalent) have been using this technique safely for years. We are actually slow to implement in the USA.	4/9/25 4:08 pm CommentID:233600
Thomas Newman	Support for ATs using dry needling	I support ATs being able to use dry needling as part of their practice.	4/9/25 4:18 pm CommentID:233601
Jatin Ambegaonkar	Strong Support for ATs Dry Needling!	I am writing to express my strong support for amending Virginia's regulations to authorize certified, Virginia-licensed athletic trainers to perform dry needling. Currently, Virginia defines dry needling as an advanced procedure requiring additional post-graduate training, including emergency preparedness, contraindications, needle techniques, and physiological responses. This training comprises didactic and hands-on laboratory education, culminating in theoretical and practical examinations. Notably, during the COVID-19 pandemic, Virginia recognized athletic trainers' qualifications by permitting them to administer vaccines after appropriate training, highlighting their role as healthcare professionals. Allowing athletic trainers to perform dry needling, under proper training and physician oversight, would enhance patient access to effective care. Incorporating dry needling into athletic trainers' skill sets aligns with Virginia's commitment to utilizing healthcare professionals' full capabilities to meet patient needs. This amendment would not only improve patient outcomes but also optimize the use of healthcare resources within the state.? I respectfully urge the consideration and adoption of this amendment to empower athletic trainers and enhance patient care in Virginia.	4/9/25 4:40 pm CommentID:233602
Brian Wright	In support of Athletic Trainers being able to dry needle	Athletic trainers are licensed healthcare providers and should be allowed to dry needle as part of the scope of practice in the care of their patients	4/9/25 4:44 pm CommentID:233604
Jamila	NO TO 18VAC85-120-110	**No to 18VAC85-120-110**	4/9/25 4:53 pm CommentID:233605

Tyra Drouillard, MSAT, LAT, ATC	Allowing ATs to Dry Needle	I would like to agree with the rest of the athletic trainers on this matter, in support of dry needling inclusion in the scope of athletic training in the state of Virginia. As licensed medical professionals, we are trained in several skills and aspects of healthcare and [illegible]ety of subjects. Dry needling is also a topic we have been taught about, yet unable to perform due to the legal writings of our scope of practice. As a form of therapeutic intervention, dry needling has been shown to make drastic improvements for patients suffering from many types of injuries, including acute and chronic injuries. Dry needling has been approved in many other states and has been pulling athletic trainers to those states because of it. If Virginia would approve of this as well, then there could be more athletic trainers willing to work in Virginia. Please vote to allow athletic trainers to add dry needling to their toolbox in Virginia!	4/9/25 5:00 pm CommentID:233607
Paul Peterson MA,LAT,ATC	YES to 18VAC85-120-110	I support the Athletic Trainers ability to perform dry needling in the healthcare of their patients!	4/9/25 5:27 pm CommentID:233611
Kat May	Yes to AT DRY NEEDLING	This definitely should be a part of our scope of practice!	4/9/25 5:31 pm CommentID:233612
Siaura Saville MS, LAT, ATC	Support of ATs Dry Needling	As Healthcare Professionals, Athletic Trainers have extensive training in the care and treatment of our patients. Dry Needling falls in line with our education in modalities, often being labeled as mechanical modalities, which Athletic Trainers are allowed to perform in their clinics. Athletic training programs are now teaching dry needling in their curriculum, which allows for these students to be trained and prepared to perform this technique, along with other invasive practices such as IV access and wound closure. I fully support the amendment to allow Athletic Trainers the ability to dry needle.	4/9/25 5:41 pm CommentID:233613
Cade Watts, MS, MPH, LAT, ATC	YES to Athletic Trainers Using Dry Needling Techniques	Dear Virginia Board of Medicine, I am writing in support of the amendment to allow athletic trainers to use dry needling techniques during patient care. **Certified athletic trainer's (ATC) in the state of Virginia are certified and licensed allied-healthcare professionals with a breadth of knowledge in patient care**. Currently, as expressed in the State Practice Act that governs athletic training practice, athletic trainers may use appropriate modalities as part of patient care if they are appropriately trained and certified in these techniques as well as having express, written permission from the supervising physician to perform these techniques. Dry needling should be considered no differently. Additionally, **any concerns regarding an ATC's educational background to provide the requisite skills necessary to engage in dry needling techniques are patently unfounded**. For example, regarding the concerns that ATCs cannot perform 'invasive' procedures, ATCs, as part of the modern education standards established by the Commission of Accreditation of Athletic Training Education, are required to be taught techniques related to emergency IV access, lidocaine injections, and wound closure with sutures or staples. These skills are further highlighted by the ever expanding professional setting of ATCs working along physicians both clinically and in the operating room where I have personally witnessed immense skill in conducting 'invasive' techniques. In short, Virginia has been and continues to be at the forefront of allowing ATCs to utilize all of the skills they have acquired as part of their education. Furthermore, ATCs are dedicated healthcare professionals that wish for nothing but to ensure patient health and well-being throughout their life. It is with this **I reiterate my immense support for the amendment that will allow properly trained, certified, and licensed ATCs to provide dry-needling techniques as part of their practice**. Thank you, Cade Watts, MS, MPH, LAT, ATC	4/9/25 5:41 pm CommentID:233614
ANNA AUGUST	In SUPPORT of 18VAC85-120-110	I strongly support amending current regulations to allow certified licensed ATs to perform the modality of dry needling. Two accepted interpretations of dry needling in VA view it as either as a mechanical or invasive modality. Athletic trainers are qualified under both interpretations. Dry needling as a mechanical modality: The athletic training practice act permits the use of mechanical modalities when the provider is trained or certified in the modality and operates under the direction of a physician. Dry needling as an invasive procedure: accredited athletic training education programs—governed by the Commission on Accreditation of Athletic Training Education (CAATE)—require training in invasive techniques such as emergency IV access, lidocaine injections, and wound closure using staples or sutures. These competencies demonstrate the rigorous clinical preparation athletic trainers receive. Dry needling focuses on myofascial trigger point therapy. Acupuncture follows Eastern medicine and meridian theory. The amendment brought forth only allows ATs the modality of dry needling. Certified athletic trainers, who possess a minimum of a master's degree, are extensively trained in clinical procedures and are regulatory permitted to perform invasive procedures in the Commonwealth of Virginia - under the supervision of a physician and with appropriate industry standard training for dry needling (which we've previously established is NOT acupuncture.) Athletic trainers are committed to practicing within our defined scope and under the supervision of a licensed physician. We value and support our fellow healthcare providers, working collaboratively for the benefit of our shared patients. Athletic trainers work in diverse, high-stakes environments such as surgical suites, military operations, law enforcement, emergency medical services, physician practices, and air medical transport. Their impact spans from Olympic and professional athletes to rehabilitation centers and high schools. Thank you for considering this important amendment.	4/9/25 7:00 pm CommentID:233615
Anonymous	No to 18VAC85-120-110	No to 18VAC85-120-110	4/9/25 7:01 pm CommentID:233616
Jason Arnett	Strong Support for Athletic Trainers to integrate dry needling	Athletic Trainers are highly educated, board-certified, healthcare professionals with extensive training in the evaluation, diagnosis, and treatment of musculoskeletal conditions. As such, they are uniquely qualified to safely and effectively integrate dry needling into clinical practice. Dry needling is a skilled, evidence-based intervention used to treat neuromuscular dysfunction, relieve pain, and improve functional movement. Athletic trainers already possess the anatomical knowledge, clinical judgement and manual therapy expertise essential for this technique. With appropriate post-professional education, they are fully capable of incorporating dry needling into their treatment repertoire. Denying athletic trainers the ability to perform dry needling not only limits access to timely and effective care for physically active populations but also underutilizes the capabilities of a critical segment of the sports medicine workforce. In states where dry needling by athletic trainers is allowed, outcomes have been positive and safety records remain strong. Therefore, I strongly advocate for legislative and regulatory frameworks that recognize dry needling as within the athletic training scope of practice--when performed by professionals who have completed recognized post-certification education and training in the modality. Supporting athletic trainers' ability to perform dry needling enhances patient care, expands access to evidence-based interventions, and reflects the evolving standards of modern sports medicine.	4/9/25 7:03 pm CommentID:233617
Timothy Hupp	Support for Athletic Trainers and Dry Needling	Athletic Trainers are highly educated, board-certified, healthcare professionals with extensive training in the evaluation, diagnosis, and treatment of musculoskeletal conditions. As such, they are uniquely qualified to safely and effectively integrate dry needling into clinical practice. Dry needling is a skilled, evidence-based intervention used to treat neuromuscular dysfunction, relieve pain, and improve functional movement. Athletic trainers already possess the anatomical knowledge, clinical judgement and manual therapy expertise essential for this technique. With appropriate post-professional education, they are fully capable of incorporating dry needling into their treatment repertoire. Denying athletic trainers the ability to perform dry needling not only limits access to timely and effective care for physically active populations but also underutilizes the capabilities of a critical segment of the sports medicine workforce. In states where dry needling by athletic trainers is allowed, outcomes have been positive and safety records remain strong. Therefore, I strongly advocate for legislative and regulatory frameworks that recognize dry needling as within the athletic training scope of practice--when performed by professionals who have completed recognized post-certification education and training in the modality. Supporting athletic trainers' ability to perform dry needling enhances patient care, expands access to evidence-based interventions, and reflects the evolving standards of modern sports medicine.	4/9/25 8:36 pm CommentID:233620
Anonymous	Yes to 18VAC85?120	Strongly support this amendment.	4/9/25 9:22 pm CommentID:233621
Seonim Cho ,SolPeak Integrative Health - Acupuncture & Herbs	Opposition to Dry Needling by Non-Licensed Acupuncture Professionals	**Subject**: Opposition to Dry Needling by Non-Licensed Acupuncture Professionals **Title**: Dry Needling Should Be Performed Only by Licensed Acupuncturists to Ensure Patient Safety As a licensed acupuncturist practicing in Virginia, I respectfully oppose the proposed amendment to 18VAC85-120 that would permit athletic trainers to perform dry needling. Dry needling involves the insertion of acupuncture needles into muscular and connective tissues. Regardless of terminology, this is an invasive procedure that carries real risks and requires significant clinical skill and experience to perform safely. Patient safety must always be the top priority in any healthcare decision. Licensed acupuncturists in Virginia complete thousands of hours of graduate-level education, including detailed instruction in anatomy, physiology, pathology, and supervised clinical practice. We are nationally certified through rigorous board examinations, such as those administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), and are held to high ethical and legal standards. The use of acupuncture needles should remain within the scope of professionals who are specifically trained and licensed to use them. Expanding this procedure to professions without equivalent training in needle technique, clinical risk management, and diagnostic reasoning could compromise patient safety and public trust. Patients deserve the assurance that any procedure involving needles is performed by a licensed and board-certified professional trained specifically in that modality. This is not a matter of professional territory—it is a matter of safety, accountability, and quality of care. If any profession seeks to use invasive needle techniques, they should be held to the same standards of education, supervised clinical training, and national board certification required of licensed acupuncturists. Anything less compromises patient safety. I respectfully urge the Board to reject this rulemaking proposal to preserve patient protection and uphold high standards in healthcare delivery.	4/9/25 9:35 pm CommentID:233623

		Sincerely, Seonim Cho, DAcHM, MSOM, Dipl. Ac, L.Ac. Licensed Acupuncturist, Commonwealth of Virginia	
Seonim Cho, SolPeak Integrative Health - Acupuncture & Herbs	Follow-Up: Concerns About Dry Needling and Invasive Procedures.	Title: Needle Insertion Requires Formal, Licensed Training to Protect Patients. While I previously submitted a formal comment opposing this proposal, I would like to follow up and further emphasize a key concern: "While I respect the value that athletic trainers bring to sports medicine, the insertion of acupuncture needles remains an invasive procedure that must be governed by rigorous, board-recognized training and licensure standards. Patient safety should not be compromised by varied interpretations of scope of practice." This is not a matter of professional competition or limiting care access. It is about ensuring that invasive procedures involving needle insertion are performed only by professionals who have completed formal, clinically supervised education specifically in acupuncture needle technique, passed national board certification in acupuncture (such as the NCCAOM), and are held legally accountable through licensure. Possessing general anatomical knowledge or completing a short post-certification course in dry needling is not equivalent to the intensive, multi-year education and training required of licensed acupuncturists. Equating the two disregards the complexity and risks of needle-based therapies. I respectfully urge the Board to preserve the integrity of regulated medical practice and protect the public by rejecting this proposal. Respectfully submitted, Seonim Cho, DAcHM, MSOM, Dipl. Ac, L.Ac. Licensed Acupuncturist, Virginia	4/9/25 10:05 pm CommentID:233624
Gary Lewis	Yes to ATCs dry needling	We have the knowledge and capacity as a profession to perform this skill with adequate training in technique. The comments responding "no" sighting any safety concerns of our knowledge come from a fundamental lack of knowledge of the ATC, and fear of increased competition in the marketplace. ATCs carry a minimum of a Masters degree with years of education on interventions in the body, including piercing the skin with sutures. PTs have a very similar amount of knowledge. The arbitrary barrier for ATCs is unfair, unhealthy, and fundamentally unnecessary.	4/9/25 11:41 pm CommentID:233628
Anonymous	Strong Support for Dry Needling and ATs	I strongly support Athletic Trainers being able to practice dry needling.	4/10/25 6:29 am CommentID:233629
Aleasha Checo	Yes to allowing ATCs to dry needle	YES	4/10/25 6:41 am CommentID:233630
Devon Schmitz	In Support of ATs Dry Needling	While several comments allude to the notion that after the trainers receive their qualification to dry needle in a weekend course, they do not see the full picture. The reason the dry needling course can take place over a long weekend is because of the many years that athletic trainers have been studying the other necessary components of dry needling, such as anatomy, therapeutic modalities, skills and evaluation of musculoskeletal injuries, and so forth. As licensed healthcare professionals, I thought trainers must pass an accredited program, pass the board of certification exam, and complete continuing education units throughout their entirety of their athletic training career. Dry needling is certainly one tool that athletic trainers have the knowledge and skill set with the proper training to be able to administer.	4/10/25 7:39 am CommentID:233631
Andrew S	Please stop using Dry needling to bypass the acupuncture law	Not understanding how the energy in the body flows can be extremely harmful for someone who is doing dry needling. Not being properly educated and voting for something you do not fully understand is extremely dangerous. Even though this is majority of people still do not understand Acupuncture. I would highly encourage you to go to someone who studies Chinese Acupuncture and receive a treatment to better understand how it effects the body and to understand how dry needling can be very dangerous. If you where going to fly somewhere, would you want your pilot to have 2000 hours of training or 20 hours. That is the only way I can put it into actual perspective on how big of an difference it really is. I copy and pasted this from another in hopes people can really grasp the concept of what is going on. For the term "dry needling", it is another translation of the Chinese medicine term "Zhen". Same meaning as the "Acupuncture". Some professionals want to actually practice acupuncture, using "dry needling" to bypass the acupuncture law. This is not safe for the general public and not fair to acupuncture profession either for licensed acupuncturists or medical (physician) acupuncturists. Acupuncture law requires for a licensed acupuncturist: (1) a student graduates from a national agency-accredited acupuncture school (before applying the school, should with q minimal 60 credits from an accredited college); (2) three years of graduate study at least at a master's degree (minimal 90 credits); (3?pass national examination of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); (4) get a acupuncture license from the state. Acupuncture law requires a licensed physician(MD) to practice acupuncture: (1) with MD license (this requires 4 years post-undergraduate college study); (2) 250-300 hours of acupuncture training in an accredited Medical Acupuncture training agency. Any other professionals, like athletic trainers, need to follow the acupuncture law and get a formal education in an acupuncture school. I oppose using "dry needling" to bypass the acupuncture law, and practicing dry needling (actually acupuncture), without enough training.	4/10/25 7:40 am CommentID:233632
Andrew Lerouge	Yes to ATC dry needling	Athletic trainers are highly educated and skilled in the evaluation and treatment of musculoskeletal injuries and conditions. Our training includes a deep understanding of anatomy, biomechanics, and pathomechanics. This expertise allows us to accurately identify specific trigger points, muscle imbalances, and movement dysfunctions that dry needling aims to address. We routinely perform detailed assessments to determine the underlying causes of pain and functional limitations, making us well-equipped to appropriately target dry needling interventions. We are experts in designing and implementing comprehensive rehabilitation programs. Dry needling can be a valuable adjunct to their existing therapeutic modalities, such as manual therapy, therapeutic exercise, and modalities like heat and ice. ATs can seamlessly integrate dry needling into a progressive treatment plan, using it to address pain and muscle dysfunction early on to facilitate more effective movement restoration and return to activity. Allowing ATs to perform dry needling, where it is within their scope of practice and they have received appropriate training, can provide more immediate access to this potentially beneficial treatment. This can reduce delays in care and ultimately contribute to more cost-effective and efficient management of athletic injuries and pain.	4/10/25 7:59 am CommentID:233633
Diana Zaichenko, MSAT, LAT, ATC	Dry Needling IS NOT Acupuncture--Let Licensed and Educated Athletic Trainers Practice Dry Needling!	I am writing to express my STRONG support for including dry needling within the scope of practice for licensed athletic trainers in Virginia. As a certified athletic trainer with 6 years of higher education, I am highly trained in anatomy, physiology, and evidence-based therapeutic interventions. Dry needling is a technique I use frequently in my current clinical setting, and the results speak for themselves--reduced pain, improved function, and faster recovery timelines for my patients. A common argument against dry needling by athletic trainers is the misconception that it is the same as acupuncture. This is not true. Dry needling is a Western medical technique that targets muscle trigger points and neuromuscular dysfunction. It is rooted in anatomical science, not traditional Eastern philosophy. Just because a similar type of needle is used does not mean the practices are equivalent. Dry needling is not based on meridian theory, qi, or energy flow--it is grounded in musculoskeletal treatment strategies backed by clinical research and real-world results. Athletic trainers are highly qualified to use this modality SAFELY and effectively. We are already trusted providers in the orthopedic and sports medicine settings. In many other states across the country, athletic trainers are permitted to perform dry needling, and there is no data to suggest increased harm or risk when it is administered by a properly trained AT. Denying this tool from our clinical toolbox would be a step backward. Not only does dry needling provide a non-pharmacological way to manage pain and dysfunction, but it also complements the rehabilitative care we already provide. Our patients we serve DESERVE access to the best possible care--and restricting athletic trainers from performing dry needling would limit their options and outcomes. Please SUPPORT the ability of licensed athletic trainers in Virginia to perform dry needling. It is a safe, effective, evidence-based modality that should remain within the scope of practice for appropriately trained healthcare professionals like myself. Thank you for your time and consideration.	4/10/25 8:14 am CommentID:233634
Lucas Bianco	Dry Needling by Educated ATs for Appropriately Classified Patients	Please support Athletic Trainers in the Commonwealth of Virginia to provide Dry Needling. This can add to our services and better support specific patients with the easy/ early access to treatment.	4/10/25 8:36 am CommentID:233635
Morgan Carpenter, USAF OHWS	YES	YES to athletic trainers dry needling	4/10/25 8:47 am CommentID:233636
Meghan Harris, LAT, ATC	YES to Athletic Trainers Dry Needling	While being board certified and state licensed, athletic trainers have extensive knowledge in musculoskeletal evaluation, diagnosis and treatment. As of current, the Virginia practice act allows athletic trainers to utilize mechanical modalities when the clinician is properly trained. CAATE programs are actively educating invasive techniques such as IV access, sutures and lidocaine injection -- some programs are even teaching dry needling skills to their students as well. Athletic trainers who complete dry needling coursework are qualified to safely and effectively integrate this modality into clinical practice. **YES to athletic trainers dry needling.**	4/10/25 9:17 am CommentID:233637
Rosalind Senopoulos, MS, LAT, ATC, University of Virginia	In Support of Athletic Trainers Dry Needling	Dear [Recipient or Team], I want to take a moment to address an important public health and professional scope of practice concern regarding the use of dry needling by athletic trainers. Dry needling, while often framed as a technique rather than a form of acupuncture,because it is labeled as a separate and different practice. Dry needling involves the insertion of solid filiform needles into the body—an invasive procedure that carries significant risk if not performed with proper training. Licensed athletic trainers complete thousands of hours of clinical and didactic coursework in the student of anatomy and therapeutic intervention in injury prevention and treatment. While other states have been allowing trained and certified athletic trainers complete this safe and therapeutic intervention for years, the state of Virginia is falling behind in this practice Athletic trainers have recently improved the education requirement for certification and licensure to include a masters in athletic training. Along with this advancement in clinical experience, coursework and demand for higher standard of practice, athletic trainers are expanding their already expansive scope of practice. In order to perform dry needling in other states currently it's required to complete two courses of dry needling practice and education. Within that education, it is widely known and instructed on how to avoid puncturing any vital organs, reduce the risk of infection, and patient education on what they will experience. To become certified you also must undergo and experience	4/10/25 9:20 am CommentID:233638

		needling first hand. Allowing athletic trainers complete thousands to dry needle would enhance patient education on all fronts. When I educate my patients on the difference between dry needling and acupuncture, I explain that they use slightly different principles and can achieve different results. When we're crafting care plans, I still have patients who prefer acupuncture and do that instead of dry needling. It's broadening the education of a community to bring both practices to even more people. As healthcare professionals, we must advocate for growth and education of a community to all of the safe and available options. Uplifting and encouraging other practitioners to learn and promote new practices is only good for patients and healthcare. Warmly, Rosalind Senopoulos, MS, LAT, ATC University of Virginia	
Emily Madrak	Yes to dry needling for ATs	I am writing to express my strong support for the recent amendment proposed by the Virginia Athletic Trainers Association (VATA) to include dry needling within our scope of practice. This amendment is a crucial step forward for our profession, ensuring that we can continue to provide the highest level of care to our patients. As an athletic trainer, I have seen firsthand the benefits of dry needling in treating musculoskeletal conditions. Our comprehensive education and training, including CAATE-accredited programs that cover invasive techniques such as emergency IV, suturing, and lidocaine injection for wound closure, have prepared us well for this modality. Additionally, other states have successfully implemented dry needling by athletic trainers, demonstrating its safety and efficacy. I believe that formalizing dry needling within our regulations will enhance our ability to serve our patients effectively and align our practice with current standards in other regions. I urge the Board of Medicine to approve this amendment and recognize the value it brings to our profession and the communities we serve.	4/10/25 9:46 am CommentID:233639
Rosalind Senopoulos, MS, ATC, LAT, University of Virginia	In Support of Athletic Trainers Dry Needling	I want to take a moment to address an important public health and professional scope of practice concern regarding the use of dry needling by athletic trainers. Dry needling, while often framed as a technique rather than a form of acupuncture,because it is labeled as a separate and different practice. Dry needling involves the insertion of solid filiform needles into the body—an invasive procedure that carries significant risk if not performed with proper training. Licensed athletic trainers complete thousands of hours of clinical and didactic coursework in the student of anatomy and therapeutic intervention in injury prevention and treatment. While other states have been allowing trained and certified athletic trainers to complete this safe and therapeutic intervention for years, the state of Virginia is falling behind in this practice. Athletic trainers have recently improved the education requirement for certification and licensure to include a masters in athletic training. Along with this advancement in clinical experience, coursework and demand for higher standard of practice, athletic trainers are expanding their already expansive scope of practice. In order to perform dry needling in other states currently it's required to complete two courses of dry needling practice and education. Within that education, it is widely known and instructed on how to avoid puncturing any vital organs, reduce the risk of infection, and patient education on what they will experience. To become certified you also must undergo and experience needling first hand. Allowing athletic trainers to dry needle would enhance patient education on all fronts. When I educate my patients on the difference between dry needling and acupuncture, I explain that they use slightly different principles and can achieve different results. When we're crafting care plans, I still have patients who prefer acupuncture and do that instead of dry needling. It's broadening the education of a community to bring both practices to even more people. As healthcare professionals, we must advocate for growth and education of a community to all of the safe and available options. Uplifting and encouraging other practitioners to learn and promote new practices is only good for patients and healthcare. Warm Regards, Rosalind Senopoulos, MS, ATC, LAT University of Virginia	4/10/25 9:48 am CommentID:233640
Benjamin Galley MSATC, LAT, PES	Yes, to amend regulations to allow athletic trainers to use dry needling	I am writing in support to amend regulations to permit athletic trainers to use the modality of dry needling in the Commonwealth of Virginia. Practicing athletic trainers require a 6-year Master of Science degree, certification through the Board of Certification (BOC), as well as a license to practice athletic training from the Virginia Department of Health Professions and are trusted to provide patient care in a wide range of professional settings. Athletic training education programs which are accredited by the Commission on Accreditation of Athletic Training Education (CAATE) are already mandated to include instruction in invasive procedures like emergency IV insertion, lidocaine administration through injection, and closing wounds with staples or sutures. This training highlights the appropriate clinical training athletic trainers undergo in modalities that break the skin. The Governor of Virginia also issued an emergency order to allow athletic trainers to administer vaccines during the COVID-19 pandemic, demonstrating the commonwealth's confidence in the profession and training of athletic trainers in patient care that breaks the skin. Dry needling is a Western medicine medical modality focused on intramuscular and myofascial trigger point therapy. It should be viewed independently and distinctly from acupuncture, which is an Eastern medicine practice aimed at addressing meridians within the body and balancing energy flow. With the appropriate training, athletic trainers are properly educated, well qualified, and professionally equipped to use dry needling as an appropriate modality to address acute and chronic pain and motion dysfunction in their patient populations. For these reasons, I encourage lawmakers to partner with the athletic training profession in advancing patient care by supporting this amendment.	4/10/25 10:03 am CommentID:233641
Sonia	Yes to ATs dry needling	*Dry needling is not used as a form of acupuncture. It is very beneficial in all aspects of our profession and we all have extensive training in dry needling and anatomy of the human body.*	4/10/25 10:05 am CommentID:233642
Sue Stevens	Yes to ATs and Dry Needling	I am writing in support of the proposed amendment to permit athletic trainers to use the modality of dry needling in the Commonwealth of Virginia. Athletic trainers are a recognized healthcare provider and require graduation from an accredited education program, a Master's degree, certification through the Board of Certification (BOC), and a license to practice athletic training from the Virginia Department of Health Professions, and are trusted to provide patient care across a variety of professional settings. Accredited Athletic training education programs are already mandated to include instruction in invasive procedures like emergency IV insertion, lidocaine administration through injection, and closing wounds with staples or sutures. This training highlights the appropriate training athletic trainers undergo in modalities that break the skin. The Governor of Virginia also issued an emergency order allowing athletic trainers to administer vaccines during the COVID-19 pandemic, demonstrating the commonwealth's confidence in the profession and training of athletic trainers in patient care that breaks the skin. Dry needling is a Western medicine treatment modality focused on intramuscular and myofascial trigger point therapy. It should be viewed independently and distinctly from acupuncture, which is an Eastern medicine practice aimed at addressing meridians within the body and balancing energy flow. With the appropriate training, athletic trainers are properly educated, well qualified, and professionally equipped to use dry needling as an appropriate treatment modality to address acute and chronic pain and motion dysfunction in their patient populations. I encourage lawmakers to partner with the athletic training profession in advancing patient care by supporting this amendment.	4/10/25 10:38 am CommentID:233643
Christine Snyder, MSAT, LAT, ATC	Yes to Athletic Trainers Dry Needling	To whom it may concern, I am in support of amending the regulation permitting Athletic Trainers to perform dry needling on the patients they are treating. Athletic Trainers are highly educated healthcare professionals who have a robust education which includes various types of modalities to assist in the treatment of their patients. Dry needling would be no different. Within our education programs, Athletic Trainers are already being receiving education on techniques that use a needle to break the skin, such as suturing, IV administration, and lidocaine injections. Additionally, other states have already approved the use of dry needling by Athletic Trainers. As a professional that is committed to providing the highest level of care to our patients and see the use of dry needling as providing such care, I appreciate your consideration on this matter.	4/10/25 10:39 am CommentID:233644
Noah Wilson MS, LAT, ATC	Yes/Strong support for allowing Athletic Trainers to dry needle	Athletic Trainers go through undergraduate and graduate level degrees before becoming certified Athletic Trainers. During that time Athletic Trainers are taught intensive anatomy and physiology courses that provide an in depth understanding of the body. We are also taught other invasive procedures. Suturing being the best example of this. Using our extensive knowledge of human anatomy and skills we have been taught, it will only expand the amount and level of care we can provide to our patients if dry needling is approved for Athletic Trainers. Dry needling is a form of treatment that addresses trigger points in muscles and is very different than the practice of acupuncture, which revolves around meridians. If approved Athletic Trainers would be using dry needling to treatment the muscles of the body that we are know so well from our training and we would not be using meridians or acupuncture "treatments". I believe that all patients that we treat would benefit from allowing Athletic Trainers to dry needle.	4/10/25 10:42 am CommentID:233645
Josh Wall, VCU	Yes in support for athletic trainers to Dry Needle	I am writing to express my support for amending current regulations to allow certified, Virginia-licensed, and American Medical Association (AMA)-recognized athletic trainers to perform the modality of dry needling. At present, the Commonwealth lacks a standardized definition of dry needling. However, two widely accepted interpretations classify it either as a mechanical or invasive modality. Athletic trainers are qualified under both interpretations. The athletic training practice act permits the use of mechanical modalities when the provider is trained or certified in the modality and operates under the direction of a physician. Since dry needling is often categorized as a mechanical modality, it appropriately falls within the scope of practice for athletic trainers. Moreover, dry needling is also classified by some as an invasive procedure. Accredited athletic training programs—governed by the Commission on Accreditation of Athletic Training Education (CAATE)—already require training in invasive techniques such as emergency IV access, lidocaine injections, and wound closure using staples or sutures. These competencies demonstrate the rigorous clinical preparation athletic trainers receive.	4/10/25 11:27 am CommentID:233646
Rebekah Schmidt (George Mason University)	Yes!	Yes to athletic trainers being able to preform dry needling	4/10/25 11:32 am CommentID:233647
Jaelyn	No to 18VAC85-120-110	This is a terrible decision. I vote No to 18VAC85-120-110.	4/10/25 11:34 am CommentID:233648
Christopher Mignogna, MS, LAT, ATC	Yes in Support of Athletic Trainer's Dry Needling	Dry needling is a vital skill for those who utilize during their clinical practice. We are highly-trained healthcare professionals who are expected to have a Master's degree to practice. Dry Needling is a technique that we must go through hours of training and is a course approved by National Medical Boards for continued education and implementation. Our Physicians have seen the benefits of utilization and have supported fully within their standing orders to allow us to use this technique as normal modality within our clinical care. Many of us go through training of the skill and then multiple practice session to be approved to practice. I believe that it would be an injustice to disallow Athletic Trainers to not provide gold standard of care to their patients.	4/10/25 11:38 am CommentID:233649
Chuck Wenger, MA, LAT, ATC	In strong support to amend regulations to permit ATs to use the modality of Dry	I read many of the comments in this forum, both for and against amending regulations to allow Athletic Trainers to perform the modality of dry needling. Two worthy points of consideration in this discussion include access to this healthcare service and cost efficiency. Athletic Trainers are uniquely suited to offer both.	4/10/25 11:56 am CommentID:233651

		This is not bureaucracy—it is earned expertise. When the barrier to entry is reduced, it is not just the profession that is diminished. It is the public that is left vulnerable. Dry needling, when done poorly, can cause ***significant*** harm—punctured lungs, nerve injuries, infections. These are not theoretical risks. They are documented outcomes. And they are preventable—by insisting that only those who are thoroughly trained, tested, and licensed be permitted to perform this invasive technique. What we permit reflects what we value. Do we value thoroughness, competence, and the wisdom that arises from long study? Or do we reduce a complex medical art into a marketable skill that anyone can pick up with a few hours of instruction? This proposed amendment is a slippery slope. If we allow one profession to bypass the safeguards that exist for a reason, others will follow. The erosion will not stop at dry needling. And what will remain is not integrated care—it is fractured care, where expertise is replaced by expedience and the sacred trust between healer and patient is treated as a commodity. There is a time to cultivate. And there is a time to defend the field. This is that time. To our colleagues in other professions—we do not oppose collaboration. We believe in integrative care, where each provider brings their highest skillset to the table for the benefit of the patient. But integration must be built on respect, not appropriation. To lawmakers and regulators—we urge you to pause and consider the long-term implications of this amendment. Public trust in healthcare is already fragile. The right response is not to lower standards, but to uphold them. The answer is not to create shortcuts—but to honor the depth and diligence that true healing demands. To fellow acupuncturists reading this comment: let us be rooted like the pine, resilient like the bamboo. Let us not resist the storm with fury, but redirect it with wisdom. And above all, let us remain in service to the one truth that guides all healing professions: **First, do no harm.** **Joshua Elliott** **USNA '15** **VUIM '26 (tentative)**	
Hyeon Im	Leave needling to acupuncturists!	We have a profession that requires 3+ years of didactic education and hundreds of clinical hours, plus passing a series of national board exam. It's called an "acupuncturist". They are sufficiently trained and experienced to needle patients to address various health concerns. Why does the state keep trying to take needling from acupuncturists? First to chiropractors, physical therapists, now trainers? Let's keep the common sense about ourselves and let acupuncturists needle patients. I oppose dry needling by any profession other than acupuncturist.	4/7/25 2:02 pm CommentID:233551
Arianna Butcher	Trust me to crack your neck after a 3 day chiropractic class? Dry needling for AT's is the same.	Acupuncturists have far more experience in needling. Not only is a 27 hour course not enough for trainers, PT's and Chiropractors not enough for needling in general, it is also dangerous. Acupuncturists need to go to school for at least 1,850 hours. PT's, chiropractors, and now what you'd like to carry into athletic trainers are only required to go to school for 27 hours, and oftentimes are not required to do this training in person. It is not only dangerous and can create long-term issues due to mismanagement of muscle release and pneumothorax, but PT's, Chiropractors and Athletic trainer's have no understanding of the theory behind. They do not know contraindicated points for people who are pregnant nor do they know contraindications for people with various diseases. It is extremely dangerous. I wouldn't trust myself, and you shouldn't trust me either as an acupuncturist who knows the body and skeletal system through and through to take a weekend course in Chiropractic care and crack your neck on Monday. You should apply this same thinking to Chiropractors, PT's and now athletic trainers. I behoove you to rather than employ these non-acupuncturists, to encourage them to refer out to REAL acupuncturists and have a better cross-occupational relationship, and we will continue to refer out when things are out of our scope of practice. Do not allow more people to practice acupuncture without a license.	4/7/25 4:01 pm CommentID:233552
Elaine Wolf Komarow	Concern re invasive procedures	It does not seem that invasive procedures with the potential for complications is within the AT scope of practice. Any addition of this invasive procedure to the AT scope should include a requirement for additional training and testing, including how to manage complications, coverage of clean needle technique, and red flags for referral.	4/7/25 5:58 pm CommentID:233554
Todd McCloskey	Athletic trainers will harm the public	Dear [Recipient or Team], I want to take a moment to address an important public health and professional scope of practice concern regarding the use of dry needling by athletic trainers. Dry needling, while often framed as a technique rather than a form of acupuncture, involves the insertion of solid filiform needles into the body—an invasive procedure that carries significant risk if not performed with proper training. Licensed acupuncturists complete thousands of hours of training, including in-depth study of anatomy, needling technique, and safety protocols, supervised clinical training to ensure patient well-being. Athletic trainers typically receive far less instruction—often in the range of 20–50 hours—which does not meet the standards of safe or competent needle insertion. This gap in training poses a real risk to public safety, including punctured organs, nerve damage, infection, and other adverse outcomes. Beyond individual patient safety, allowing undertrained practitioners to perform needling also creates a broader community risk by undermining standards for credentialing, informed consent, and professional accountability. It contributes to confusion among patients about who is qualified to offer this kind of care and weakens the integrity of scope-of-practice laws designed to protect the public. As healthcare professionals, we must advocate for responsible, well-regulated use of any invasive technique—and dry needling should be no exception. Warmly, Dr. Todd McCloskey Director, Acupuncture & Herbal Medicine Program Lotus Professional College,Richmond VA.	4/7/25 10:08 pm CommentID:233556
Haley Parker , VUIM Clinic	Opposition to 18VAC85-120-110	As an acupuncturist, I oppose the amendment to **18VAC85-120-110**	4/8/25 12:40 pm CommentID:233563
Dr. Sarah Faggert-Alemi	Opposition to Allowing Athletic Trainers to Dry Needle	I am deeply concerned about the implications this amendment would have on public safety, professional standards and patient's trust in Virginia healthcare providers if it were to be passed. Dry needling is an invasive procedure that requires extensive knowledge of anatomy, physiology, pathology and safety protocols , especially regarding clean needle technique and depth awareness to avoid complications pneumothorax or nerve injury - which we have unfortunately seen, especially from those practicing with less training hours regarding dry needling. The proposed amendment would allow athletic trainers to perform DN, who have a core curriculum that does not involve invasive needling techniques, with only a fraction of the training required of other healthcare professionals licensed in Virginia, and with less formal education and training regarding the body outside of needling, too. This creates a significant risk to public safety and sets a dangerous precedent for lowering standards in the interest of expanding scope without appropriate oversight or education. DN is not part of their Board Exam nor are training requirements for it standardized in their licensing procedures. Their focus is on superficial musculoskeletal assessment and care. To put this in perspective, licensed acupuncturists have over 3,000 hours of needling training with a minimum of a Master's degree; chiropractors may only be required to have 100-200 hours of needling training, but they also have a higher level of education and training regarding physiology and anatomy of the body. I strongly urge the rejection of this amendment and instead support policies that protect patients, respect professional boundaries and maintain the high standards of healthcare delivery in the Commonwealth.	4/8/25 12:41 pm CommentID:233564
Greg Kloiber	Please say NO to UNSAFE 18VAC85-120-110	Please say NO to unsafe 18VAC85-120-110. There is a major concern regarding the use of dry needling by athletic trainers—a practice that poses significant risks without proper training. Dry needling involves inserting solid needles into the body, an invasive procedure that *requires* extensive expertise. Licensed acupuncturists undergo *thousands* of hours of rigorous training in anatomy, technique, and safety protocols, ensuring patient welfare. Athletic trainers, in contrast, often receive only 20–50 hours of instruction, which falls far short of the necessary standards for safe needle use. **This lack of training increases risks such as organ punctures, nerve damage, and infections.** Additionally, allowing inadequately trained practitioners to perform dry needling compromises patient trust, informed consent, and professional accountability. It blurs the lines of scope-of-practice laws meant to safeguard public health. Responsible and regulated practices are essential for any invasive technique, and dry needling is no exception. Thank you for your consideration.	4/8/25 1:18 pm CommentID:233565
Hannah Jacques	Dry Needling is a Cheapened and Dangerous Alternative to Acupuncture	As a second year grad student studying acupuncture and Chinese medicine, I find it alarming that unlicensed professionals are using dry needling. A Master's degree that takes 3 years is required for us to practice acupuncture legally, and for good reason, as the human body is intricate and interconnected in ways that are not obvious to someone who has not studied the art and science of acupuncture. Allowing someone who is not a licensed acupuncturist to needle their clients is not only dangerous for the patient, but it is also disrespectful to those of us who are investing large sums of money, our time, and our energy to a degree that will enable us to safely and effectively help our patients. Dry needling is essentially the same idea as someone who is an unlicensed surgeon being permitted to cut into somebody with a scalpel. We are required to have vigorous training to ensure that we understand the risk and benefits of acupuncture, and I believe that those who wish to perform dry needling should be required to undergo the same training, if they are interested in needling, to provide safe and effective treatment for their patients.	4/8/25 2:12 pm CommentID:233567
Kenya Downey, VUIM Student	NO to 18VAC85-120-110	I am currently a Doctor of Acupuncture and Herbal Medicine student at Virginia University of Integrative Medicine, located in Vienna, VA. I have a focus on orthopedic needling as well as undergraduate athletic training experience. As such, I **oppose** the legislative proposal to allow athletic trainers to adopt dry needling into their scope of practice. Needling should be left to those with extensive years of training and certification in Clean Needle Technique (CNT) to **preserve the safety of both patients and clinicians everywhere**. If accepted, this proposal will overshadow the precautionary measures and thorough experience obtained only by acupuncturists. This includes but is not limited to three to five years minimum of formal training as outlined by our national certification commission (NCCAOM) and accredited alternative medicine institutions across the country. To accept this proposal is to deny patients optimal care, as the needling training in question is minimal and not strictly regulated or overseen by any state or national evaluation system. I plan to integrate my studies into the sports medicine realm. I am aware of plenty of my peers who wish to do the same upon graduation. I have competent professors who have already been doing so for years. There is no shortage of acupuncturists who are qualified and experienced in orthopedic needling, therefore the practice should not be treated as such. I have not only practiced dry needling but have been the recipient of it as a patient both in physical therapy and acupuncture clinics, such as the VUIM Student Clinic. After observing various techniques, I am no longer comfortable receiving dry needling therapy outside of an acupuncture clinic. This is due to the technique variability and CNT violations I have observed numerous times by those clinicians who do not have the experience and licensing standards my peers and I share. Ignorance of the aforementioned protocols increases the risk of adverse events in patients, such as infection or pneumothorax. This is a threat to public safety, trivializes the integrity of the acupuncture profession, and undercuts the rigor of acupuncture education and licensing standards. Vote NO on 18VAC85-120-110.	4/8/25 2:54 pm CommentID:233569
Adelane Abcede	Oppose Athletic	As a patient of an acupuncturist and doctor, I highly oppose athletic trainers being allowed to dry needle. Acupuncturists have spent countless hours and thousands of dollars training for	4/8/25 2:54 pm

	Needling	Athletic Trainers offer dry needling services in settings where there is frequent contact and availability between patient and provider, in some cases daily contact in proximal venue. In addition to increased provider access to patients, services rendered by Athletic Trainers can often be provided with greater cost efficiency than other providers. Stripping Athletic Trainers of the necessary authorization to provide the modality of dry needling will burden patients in Virgina seeking these services in the context of the care of an Athletic Trainer, with the need to travel further and pay more to access these services. Instead of receiving dry needling treatments in conjunction with the many services that Athletic Trainers are able to provide, including exercise and manual treatments, patients will need to pursue dry needling in a more isolated setting. Supportive comments in this forum have addressed the educational foundation of licensed Athletic Trainers, including the understanding of Anatomy, Physiology, Biomechanics, Infection control, and the complexity of muscles as they interact with myofacial tissue. As a preceptor in an Athletic Training educational program, I understand the rigors included in Athletic Training educational programs. Additionally, licensed Athletic Trainers complete ongoing Continuing Education requirements. Athletic Trainers possess a thorough foundation that, when coupled with proper educational training in Dry Needling services, whether included in the graduate education program or a post-professional certificate program, are well positioned to provide cost-effective safe and effective dry needling services in an environment often with greater proximity to and increased contact between Athletic Trainers their patients! I also wish to state that I am a practicing Athletic Trainer with over 25 years of experience in a variety of settings. I do not currently possess credentials to provide Dry Needling services, nor do I plan to pursue one at this point; however, I am familiar with the practice and how it relates to many of the supporting points and counter points of this forum. Thank you for reading and considering!	
Mila Zimmerman	No	Not in support of these amendments.	4/10/25 12:00 pm CommentID:233652
Joseph Cockrell	Yes	It is so useful for athletes, anyone that says no is not supporting the profession	4/10/25 12:05 pm CommentID:233653
Jillian Maddra, MS, LAT, ATC	Athletic Training Dry Needling	Absolutely yes to athletic trainers dry needling.	4/10/25 12:09 pm CommentID:233654
Chris Smith MEd, LAT, ATC	Yes AT that have taken a foundational course should be allowed to use DN in their scope of practice	Athletic Trainers (AT) licensed in Virginia, under their scope of practice, should be allowed to use dry needling (DN) after taking an instructional course. Structure and Function offers such courses because this technique can significantly enhance the AT's ability to manage musculoskeletal pain and dysfunction with their patient population. Structure and Function's Foundational course (SFDN1) requires almost 30 hours of education and training. Dry needling (DN) involves inserting thin needles into myofascial trigger points, scar tissue, or other dysfunctional soft tissues, which can trigger local physiological effects such as increased blood flow, tissue healing, and pain relief[1]. By understanding the anatomical and physiological mechanisms through a Structure and Function course, athletic trainers can safely and effectively apply dry needling to improve patient outcomes. This education ensures they are well-equipped to handle the complexities of dry needling, including its neurochemical and inflammatory responses, thereby maximizing therapeutic benefits and promoting faster recovery for their patients[2]. Acupuncture/Acupuncturist differ significantly from DN in their origins, philosophies, and applications. Acupuncture is rooted in Traditional Chinese Medicine (TCM), dating back over 2,000 years. The philosophy focuses on the flow of the qi (energy) throughout the body, with the clinical goal of promoting overall health and well-being. While the needles might be the same, acupuncture inserts the needles into specific points along meridians to stimulate the body's natural healing process and release endorphins [3]. Acupuncturists focus on a broader holistic approach to health, treating a wide range of conditions, including pain, digestive issues, and mental health. [4]. It is completely reasonable that a AT, licensed in VA, who has completed foundational training to utilize DN in their scope of practice. **References** [1] Physiologic Perspective on the Local Effects of Dry Needling [2] Athletic Trainers' Use of Dry Needling in Practice [3] Dry Needling vs Acupuncture: Benefits and Risks - Healthline [4] Dry Needling vs. Acupuncture: Main Differences and Similarities	4/10/25 12:10 pm CommentID:233655
Josh Rader MBA, LAT, ATC	YES to ATC being able to utilize TDN in their practice	Any Athletics Trainer that has gone through TDN course work should be allowed to perform this as a course of treatment in their practice!	4/10/25 12:14 pm CommentID:233656
Billy Tucker MS LAT ATC	YES!	I am in full support of Athletic Trainers having access to this modality as I have seen in my own practice and the help that it has with my athletes. Taking that away would cause them to have to travel and/or pay more money for the same treatment already being provided in which they not be able to do, causing extended time lost.	4/10/25 12:25 pm CommentID:233657
Larry Hess, MPT, ATC/L	In support of dry needling for ATC's	As a dually certified provider, I support the certification of dry needling for athletic trainers. I utilize this daily in my own practice as a PT and would find it highly beneficial for AT's to be able to provide the same level of care.	4/10/25 12:31 pm CommentID:233658
Stormy Hill MS, LAT, ATC	Yes to ATC's utilizing Dry Needling	I'm in support of athletic trainers using dry needling in their practice if proper courses are taken to be credentialed in it. Athletic trainers are healthcare professionals and should be treated as such with all the tools to help their patients.	4/10/25 12:36 pm CommentID:233659
Bailey Hartzel, ATC/L	Yes for dry needling!	I am in support of Athletic Trainers getting certified and using dry needling!	4/10/25 12:42 pm CommentID:233660
Tori	Student Athlete perspective- YES!	As a former student-athlete at a Virginia Division III institution, I can personally attest to the benefits of having access to dry needling. During my four years, I sustained injuries that significantly impacted my performance and recovery. Dry needling, administered by my athletic trainer, was a key factor in my ability to return to play. Admittedly, I was initially hesitant—having needles inserted into various muscle groups was intimidating. But I trusted my athletic trainer's education, clinical judgment, and understanding of my body. That trust, built over years of daily interaction and care, made all the difference. Athletes often have the closest relationship with their athletic trainers, not outside providers. If these services were restricted and had to be outsourced to professionals like acupuncturists, it would create unnecessary financial and logistical barriers. Not every athlete can afford that, and the continuity of care could easily be compromised. Allowing athletic trainers—who already know the athlete's body, injury history, and treatment plans—to provide dry needling is not only practical but essential for effective recovery and performance. Athletic training education programs, accredited by the Commission on Accreditation of Athletic Training Education (CAATE), already include training in invasive procedures such as emergency IV administration, injections of lidocaine, and wound closure using staples or sutures. This demonstrates the rigorous and appropriate clinical preparation athletic trainers undergo in handling procedures that break the skin—including dry needling. It's worth noting that most of the opposition seems to come from acupuncturists, which raises the question: how much of this debate is truly about safety and how much is about protecting financial interests? Removing this service from athletic trainers doesn't improve care—it just shifts it to a setting that's often less accessible for athletes and potentially less effective due to the lack of established rapport and context. Dry needling by trained athletic trainers isn't a luxury—it's a necessity for athletes to perform at their highest level.	4/10/25 1:22 pm CommentID:233661
Brian Vincent Hortz	Support for Dry Needling Amendment in Virginia	**Subject: Support for Dry Needling Amendment in Virginia** To the Virginia Board of Medicine, I am writing to express my support for the amendment to allow dry needling as a modality within the scope of practice for athletic trainers in Virginia. This change is crucial for advancing the care we provide to our patients and aligning our practice with the standards established in other states. **Education and Training:** Athletic trainers are highly educated professionals, educated and trained in techniques that include dry needling. Many of us graduate from CAATE-accredited programs that provide extensive instruction in various invasive techniques, including IV therapy, suturing, and lidocaine injection for wound closure. *A recent study in the Journal of Sports Medicine and Allied Health Science (Hortz et al., 2019) found that 89% of the tasks required for competent dry needling performance are already covered within entry-level athletic training education.* This foundational training equips us to safely incorporate dry needling into our practice. **Current Practices in Other States:** Numerous states have already implemented dry needling in athletic training, recognizing it as a valuable treatment tool. States such as Alaska, Alabama, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Maryland, South Carolina, North Carolina, Kentucky, Tennessee, Nebraska, and Ohio, among others, have successfully integrated this modality, leading to improved patient outcomes and satisfaction. **Addressing Concerns:** While we acknowledge the concerns raised by acupuncturists, it is essential to clarify that dry needling and acupuncture, while sharing needles as a tool, serve different purposes and require distinct training. Athletic trainers utilize dry needling primarily for the rehabilitation and recovery of patients, grounded in our knowledge of anatomy and musculoskeletal function. *The aforementioned study also highlights that athletic trainers are taught a large number of competencies for dry needling within their entry-level education, further supporting their readiness to learn and apply this skill competently.* In conclusion, I urge the Board of Medicine to support this amendment, which would allow athletic trainers in Virginia to practice dry needling. This would ultimately improve the quality of care we provide to our patients and further expand the scope of practice. Thank you for considering my comments. Sincerely, Brian Hortz, PhD, AT, SFDN Hortz, Brian V, Sue Falsone, and Duncan Tulimieri. "Current Athletic Training Educational Preparation for Dry Needling." *Journal of Sports Medicine and Allied Health Science* 4, no. 3 (2019): 12.	4/10/25 1:52 pm CommentID:233662
Brandi Anderson	Yes to 18VAC85-120	Dear Commonwealth of VA, I am in support of 18VAC85-120 for athletic trainers to be able to perform therapeutic dry needling in our commonwealth. Athletic trainers are highly trained professionals that hold credentials to perform numerous modalities and treatments requiring expert knowledge in anatomy. Our current license allows us to provide care that breaks the skin barrier for injections, sutures, and IV. The training for this skill, which is provided to athletic trainers through multiple companies across the USA, is offered with multiple levels of training. The Level 1 course with Myopain requires 27 hours of education hours to perform TDN. Advanced courses are mandated for areas of the body with higher risk for complication and additional education and practice hours are	4/10/25 2:20 pm CommentID:233663

		also needed. TDN should not be siloed to one or two professional when athletic trainers have the knowledge and skillset to safely perform this treatment and assist in the recovery of patients.	
Kayla Lerouge	YES!	Letting athletic trainers do dry needling—if it's part of their job and they've been properly trained—can help people get this helpful treatment faster. It can cut down on wait times and make it easier and cheaper to deal with pain and sports injuries.	4/10/25 2:35 pm CommentID:233664
Amanda Boss	YES	1. Specialized Musculoskeletal Knowledge 2. Enhanced Patient Care and Recovery	4/10/25 2:38 pm CommentID:233665
Anonymous	Yes to ATCs Dry Needling	I believe that properly trained ATCs should be allowed to dry needle. There has been no evidence of harm in other states where athletic trainers are permitted to perform dry needling under a physician's supervision. The only people would reasonably oppose someone properly trained and signed off by a physician performing dry needling are those with political or financial motivation to try to protect their standing in the current medical structure of Virginia.	4/10/25 3:25 pm CommentID:233667
Dr. Jennifer Surjana, DACM, L.Ac.	Strong Opposition to Allowing Athletic Trainers to Perform Dry Needling	As a licensed acupuncturist, I'm deeply concerned about the proposed amendment to 18VAC85-120-110 that would allow athletic trainers to perform dry needling. I've spent years learning how to safely and effectively use acupuncture (which dry needling is a type of) to treat my patients, and it's critical that dry needling remains within the scope of practitioners who have the proper education and experience. This proposal puts patient safety at risk, and I urge the Board to reject it.	4/10/25 4:55 pm CommentID:233668
Elias Levanway, MS LAT ATC PES DN-1	Yes to allow Certified Athletic Trainers to Dry Needle	I am writing to respectfully urge you to support the legislation allowing athletic trainers to practice dry needling in the state of Virginia. Dry needling is a therapeutic technique that uses fine needles to target myofascial trigger points, improving muscle function and reducing pain. This method is supported by extensive evidence and is widely recognized as an effective treatment by healthcare professionals across the nation, including physical therapists, chiropractors, and other certified athletic trainers. Currently, athletic trainers in Virginia are not authorized to practice dry needling, even though we receive similar training and education to those who are permitted to use this technique. We have taken extensive course work to learn the techniques of dry needling. I want to emphasize that athletic trainers are highly qualified medical professionals and trained to perform dry needling. We complete 50 hours of continuing education units (CEUs) every two years to ensure we are up to date with the latest research and techniques in our field. Additionally, we undergo the same rigorous training programs as physical therapists and chiropractors, which include education in the anatomy, physiology, and safety protocols specific to dry needling. As medical professionals who work with athletes and active individuals daily, allowing us to incorporate dry needling into our practice would enhance our ability to treat and rehabilitate musculoskeletal injuries effectively. It is important to note that dry needling should not be confused with acupuncture. While both techniques use thin needles, the methodologies and purposes differ. Acupuncture is based on traditional Chinese medicine, focusing on energy flow and balance within the body, while dry needling is grounded in Western medicine and specifically targets muscular trigger points to relieve pain and improve function. Dry needling is not a "one-size-fits-all" approach but rather a targeted and evidence-based intervention aimed at addressing specific musculoskeletal issues. Allowing athletic trainers to practice dry needling would benefit our patients by providing more comprehensive and effective care options. Athletic trainers are highly trained medical professionals with a deep understanding of human movement, injury prevention, and rehabilitation. Empowering us to perform dry needling would improve patient outcomes and increase access to effective treatments, particularly for active individuals and athletes who rely on our expertise. I sincerely hope you will consider supporting this important change in legislation to allow athletic trainers in Virginia to utilize dry needling as part of our comprehensive care approach. I appreciate your time and attention to this matter. Professionally, Elias Levanway, MS LAT ATC PES DN-1 Senior Associate Athletic Trainer/Head Football Liberty University	4/10/25 5:06 pm CommentID:233669
Rachel Kelly, MS, ATC, LAT (Episcopal High School)	YES in support of Athletic Trainers providing dry needling	As a current ATC with DNT certification, I have found this modality incredibly beneficial for my athletes. It has been an especially helpful modality for myofacial release and chronic soft tissue injuries. ATCs have extensive education and a significant amount of experience with a multitude of modalities both invasive and non invasive. It would be a disservice to athletes to restrict this care option.	4/10/25 5:54 pm CommentID:233670
Anonymous	IN SUPPORT OF ATHLETIC TRAINERS UTILIZING DRY NEEDLING	I absolutely believe athletic trainer with the proper certifications should be allowed to utilize their advanced training.	4/10/25 8:50 pm CommentID:233671
Abbey Marrin	Yes!	Strong yes to allowing AT's with proper training and certification to perform dry needling.	4/10/25 8:51 pm CommentID:233672
Timothy Dofflemyer	Yes please allow us to dry needle	Working with at the college level has shown me the amount of patient we spend for drying needling in season. This addition to our job would not only progress the profession as a whole but school tons of money on appointments.	4/10/25 11:53 pm CommentID:233673
John MacKnight, MD, UVA Sports Medicine	Dry needling for ATCs	I write to strongly support passing legislation to allow certified athletic trainers (ATCs) to perform therapeutic dry needling. ATCs possess the essential anatomic and physiologic knowledge base to be able to reliably and safely perform dry needling which has become a mainstream therapeutic intervention for a myriad of soft tissue injuries. I am the director of Sports Medicine at UVA and we utilize dry needling performed by our training PT's with great success. With the requisite training, I firmly believe that my ATC staff could perform dry needling skillfully and with great value to our patient population. Please support its use by ATCs.	4/11/25 7:37 am CommentID:233674
Anonymous	ATS	Dry needling should be approved for ATCs	4/11/25 7:57 am CommentID:233675
Anonymous	ATs for dry needling!	ATs should be able to dry needle, it is an essential part of patient treatment that ATs utilize daily!	4/11/25 7:58 am CommentID:233676
Mike FitzPatrick, PT, DPT, ATC	Yes to Dry Needling for ATCs	As a dual-credentialed Physical Therapist and Licensed Athletic Trainer, I strongly support including dry needling within the scope of practice for Athletic Trainers in Virginia. Athletic Trainers are extensively trained in musculoskeletal anatomy, injury management, and clinical decision-making—foundational competencies that align with the safe and effective application of dry needling. Several states have already recognized this by allowing ATCs to perform dry needling. Moreover, dry needling has been shown to reduce pain, restore function, and improve outcomes—particularly in athletic and orthopedic populations where Athletic Trainers are already primary providers. Expanding access to dry needling through trained Athletic Trainers not only increases efficiency and continuity of care but also supports the broader goals of patient-centered and cost-effective healthcare. With proper training and regulation, there is no reason to restrict this valuable tool from professionals already qualified to use it.	4/11/25 8:07 am CommentID:233677
Anonymous	Yes to ATC dry needling	I use it in my current practice and have helped many athletes with dry needling and have more success than other modalities used.	4/11/25 9:43 am CommentID:233678
Anonymous	YES to ATCs Dry Needling	Athletic Trainers are highly qualified and educated healthcare professionals. In school we learn skills such as suturing, injections, and dry needling. Dry needling is a skill that is well within our knowledge base so it should be within our scope of practice. Athletic trainers work in a variety of clinical settings that use Dry needling as a modality, so it's not unusual for Athletic trainers to learn this skill and apply it clinically. Athletic trainers should be allow to use Dry Needing as a therapeutic modality in the state of Virginia.	4/11/25 10:13 am CommentID:233679
Rose Schmieg, PT, LAT, ATC, DHSc	Yes to Dry Needling for ATCs	As a dual-credentialed Physical Therapist and Licensed Athletic Trainer within the Commonwealth of VA, I strongly support including dry needling within the scope of practice for athletic trainers. Athletic trainers are licensed health professionals recognized by the AMA. Athletic trainers are educated at the graduate level. I have served as a Program Director of a CAPTE accredited DPT program and a CAATE accredited MSAT program in Virginia. The rigor of anatomy course preparation to be admitted into a DPT program and MSAT program are equivalent. Within DPT and MSAT programs, the anatomy instruction credits/content and rigor prepare each of these professional graduates to succeed in the various dry needling CEU courses to then go on and practice this skill safely and effectively. Athletic trainers have extensive training in musculoskeletal rehabilitation for athletes and physically active professionals. Adding dry needling to the AT scope of practice improves access of their patients to receive the most up to date and evidence-based comprehensive care.	4/11/25 10:45 am CommentID:233680
Barry Finke MS, ATC, LAT, CES, PES, DN-1	Support the use of Athletic trainers using Dry needling	To become an Athletic trainer an individual must have both an undergraduate and a graduate degree. They have a vast understanding of anatomy and physiology and how two things allow the body to function as a unit. In addition to having two degrees Athletic trainer are required to maintain an update their knowledge base by Completing continuing education units that are reported every two years. Athletic trainers are taught other invasive procedures such as suturing, IV and how to give injections in their education programs. Athletic trainers are taught proper sanitation procedures to perform these procedures to reduce the risk of infections. Dry needling is a for of treatment that focuses on trigger points in muscles. By treating the trigger points we can decrease pain and increase function. Whereas acupuncture focuses on the meridians of the body. Yes, both use needles in their treatment, but the applications and outcomes are different. Athletic trainer with the proper training along with the education they acquired they are well qualified to use dry needling in their practices to achieve the desired outcomes of decreased pain and increased function. With this understanding I support athletic trainers use of dry needling in patient care and support this amendment	4/11/25 11:09 am CommentID:233682
Russell Baker, PhD, DAT, LAT; University of Idaho	In Support of Dry-Needling for Athletic Trainers	As a healthcare professional, I support the amendment proposed by the VATA to formally include dry needling within the scope of practice for licensed athletic trainers in Virginia. Athletic trainers (ATs) are highly educated professionals, required to hold an undergraduate degree and a graduate degree from a CAATE-accredited program. These programs include extensive training in anatomy, physiology, and clinical decision-making, preparing ATs to evaluate and treat neuromusculoskeletal injuries with a variety of therapeutic interventions. Our education already includes instruction in invasive procedures such as suturing, administering IVs, and using lidocaine for wound closure—procedures that are recognized in current Virginia regulations. In comparison, dry needling is a minimally invasive technique that, when performed by a trained provider, presents a low risk to patients. It's also important to distinguish dry needling from acupuncture. While both use similar tools, dry needling is based on Western medical principles and targets myofascial trigger points to relieve pain and improve function. This is a different theoretical framework and application than acupuncture, which is rooted in Eastern medicine and focuses on energy meridians. Other states have already acknowledged dry needling within the scope of athletic training practice, reflecting a growing recognition of the safety and effectiveness of this technique when performed by qualified professionals.	4/11/25 11:19 am CommentID:233683

		Given our rigorous education, clinical training, and required continuing education, athletic trainers are well-prepared to safely and effectively perform dry needling. I strongly support this amendment and urge the Board of Medicine to approve it.	
Amanda	Yes, to allowing ATCs to utilize dry needling	Athletic trainers are educated and trained healthcare professionals who have extensive knowledge of the musculoskeletal system. A Masters degree, certification through the Board of Certification, and a medical license to practice in the state of Virginia is required. Dry needling is utilized to reduce trigger points in musculature, therefore relaxing musculature and decreasing pain which leads to increased mobility. I support making an amendment to allow ATCs with the correct education, certification, and supervision to utilize dry needling.	4/11/25 11:26 am CommentID:233684
Diana Marquez, PT, DPT, ATC, LAT	Yes to Dry Needling for Athletic Trainers	As both a licensed physical therapist and a certified athletic trainer, I write in strong support of proposed regulation 18VAC85-120-110. In my practice as a physical therapist, I am legally authorized to perform dry needling and have completed all required coursework, certification, and additional hands-on training to ensure I deliver this technique safely and effectively. I have seen firsthand the positive impact dry needling can have on reducing pain, improving mobility, and accelerating recovery—especially in active populations and athletes. Athletic trainers are uniquely qualified to perform dry needling in a pivotal moment of the rehabilitation process, when properly trained. Their foundational knowledge of human anatomy, neuromuscular function, and clinical decision-making aligns well with the requirements of this skill. Furthermore, athletic trainers regularly work under the supervision of physicians and within multidisciplinary teams, which provides a strong framework for oversight and collaboration in care. Allowing ATs to perform dry needling expands access to timely, effective treatment—particularly in school-based, collegiate, and sports medicine settings where athletic trainers are often the first-line providers. The proposed regulation appropriately includes educational and competency standards to uphold patient safety, which is paramount. From my dual perspective as both a PT and ATC, I can confidently say that this is a safe, logical, and progressive step forward for the athletic training profession and the patients we serve.	4/11/25 11:52 am CommentID:233685
Coree Reuter-McNamara, MS, LAT, ATC	Yes to ATCs performing Dry Needling	As Medical Professionals specializing in orthopedic sports medicine, Athletic Trainers are uniquely suited to perform a wide variety on interventions to support the health and safety of patients across all levels of fitness, sports, and lifestyles. Adding dry needling for myofascial release and trigger point therapy is an important step in continue to build our scope of practice and ability to help a wide variety of patients. I do feel it is important, however, to acknowledge that there needs to be proper training and course work involved with this proposal, so that ATCs are fully prepared and educated on safety and appropriate techniques for dry needling to protect themselves and their patients. There is room in the sandbox for all of us to be able to utilize interventions like dry needling in our own practices -- just like so many other modalities overlap throughout PTs, ATs, Chiropractors, etc.	4/11/25 12:01 pm CommentID:233686
Nancy C. Burke, MS, AT Ret Athletic Trainers in Public Safety	Support for 18VAC85-120-110	I am strongly in support of the proposed regulation 18VAC85-120-110. For 12 years, following 29 years at the secondary level with many experiences at world cup levels, and others I was the athletic trainer for the Fairfax County Police Department and the Fairfax County Criminal Justice Academy. Dry needling would have been a gift to my law enforcement patients. Their required uniform applies stressors to the lower back, hips and shoulders. Their required training and on-duty tasks put further stress on their bodies resulting in a loss of duty time, a reduction of the ability to perform in a safe manner for the officer and the citizen. Loss of full duty time for musculoskeletal sprains and strains costs the taxpayer money and a reduction of services in their communities. Allowing the athletic trainer, with proper training and certification to practice dry needling on our public safety personnel (law enforcement, fire and rescue, EMS) will cut taxpayer costs, reduce worker's compensation costs, increase time on duty and more importantly will reduce pain, increase function and confidence in the ability to do one's job. I sincerely with I had this tool and hope that legislators will see the merit in positively voting for this legislation.	4/11/25 12:34 pm CommentID:233687
Joseph Volpi, MD, FAAFP, CAQSM JMU Athletics CMO and Head Team Physician	Support of DN for ATs	I strongly support this legislation, allowing certified athletic trainers to perform therapeutic dry needling. It is commonplace in many other states that I have practiced in that ATCs has this modality as a therapeutic treatment option. I have leaned on this resource heavily in the past to allow my staff to perform it at other institutions. Having myself trained in dry needling, I feel that ATC staff with adequate training can accomplish this with great skill based on their current skill set.	4/11/25 1:31 pm CommentID:233688
Joe Nash ATC, LAT, CIDN, MHHS	Support of Athletic Trainers Dry Needling	I am writing this comment in a STRONG SUPPORT of athletic trainers being able to perform a modality of Dry Needling in the state of Virginia. Athletic Trainers are licensed medical professionals. We specialize in prevention, assessment, treatment, and rehabilitation of injuries and illnesses. Our treatment includes a variety of specialized certifications that enable us to treat these injuries effectively. Dry needling would be included in these certifications that can be obtained through board approved continuing education. Dry Needling is defined as a technique to treat myofascial pain using a dry needle (without medication) that is inserted into a trigger point with the goal of releasing / inactivating the trigger points and relieving pain. Dry needling is also described as the use of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction. The insertion of needles into specific targets may increase local blood flow to tissue and relax trigger point related muscular tension resulting in decreased pain and improved function. Dry needling is also a very safe treatment option. Dry needling is done with the use of alcohol swabs to clean the skin to prevent infection. The use of gloves is standard practice as well for dry needling. During the instruction of the class, one of the first topics of discussion is the importance of safety with dry needling to avoid any harm to the patients. The safety that is discussed is the importance of keeping the skin clean to prevent infection as well as how to safely dry needle around vital organs such as the lungs and kidneys. The course also discusses the indications, contraindications and precautions to properly execute safe and efficient treatments. Dry needling for athletic trainers is allowed in many other states such as Ohio, North Carolina, Arizona, Illinois, Nevada, California, Texas, Alabama, Florida, Kentucky, Maryland, Nebraska, and West Virginia. Many of these states require a completion of a board approved continuing education course, which is standard operating procedure. I have had the fortune of taking multiple of these courses and have had many hours of dry needling experience with safe practice under a physician's standing orders in the state of Ohio.	4/11/25 1:36 pm CommentID:233689
Denise Massie	Support for Athletic Trainers - Dry Needling	I strongly support dry needling to be included within the scope of practice for athletic trainers. Athletic Trainers, who are recognized by the AMA as allied health professionals, are highly educated and nationally certified healthcare professionals who specialize in the prevention, treatment and rehabilitation for the physically-active population. As the landscape of rehabilitative care continues to evolve, the inclusion of dry needling within the scope of athletic training is both appropriate and beneficial. Athletic Trainers routinely assess and treat soft tissue dysfunction, and dry needling provides an effective, evidence-based tool to address these issues. As experts in anatomy, biomechanics, and rehabilitation, ATs are well-positioned to integrate dry needling safely and effectively within their clinical practice.	4/11/25 2:06 pm CommentID:233690
Jeffrey Birchell	Yes to Athletic Trainers Dry Needling in Sports Medicine	Athletic trainers are trained, certified, and experienced in a wide variety of injury management modalities and procedures. In my training for dry needling and through the acquisition of my dry needling certification, it was stressed to me that dry needling alone will not resolve many issues. The advantage athletic trainers have in dry needling is our experience with tissue response and clinical outcomes following injury. We have direct contact with our athletes daily and can monitor their progression closely. Because of our exposure and experience, we have an inept ability to combine the concept of dry needling with our foundational skill in tissue mobilization, strengthening, and musculoskeletal health. Similar to other modalities we use on a daily basis, dry needling is simply creating an environment in the body to be more efficient in responding to our rehabilitation and treatment techniques. There are risks involved with dry needling, but athletic trainers have vast experience and knowledge with human anatomy and we can mitigate these risks by avoiding problematic areas. As long as athletic trainers only perform techniques they are certified in and comfortable with, the risks of dry needling are minimal in a traditional sports medicine environment. In addition, at the university I work at it is our policy to obtain a prescription from our team doctors; we have to provide patient demographics and our clinical reason for administering this modality.	4/11/25 3:14 pm CommentID:233691
Sarah Pineda	Support for ATCs- dry needling	Support for Athletic Trainers- Dry Needling	4/11/25 3:19 pm CommentID:233692
Samantha Compton MS, LAT, ATC	SUPPORT for Athletic Trainers Dry Needling	I have strong support for athletic trainers to perform dry needling to their patient population. Athletic trainers who are dry needling certified and who want to obtain the certification go through an intensive training program for certification to be able to safety and successfully administer thin monofilament needling to their patients. In addition to the dry needling certification, an athletic trainer needs a 6-year master's degree to sit for the Board of Certification exam to become certified. I am a firm believer that athletic trainers have the ability to perform this service of dry needling due to their in-depth knowledge of human anatomy and physiology, musculoskeletal injuries, acute care and rehabilitation, extensive modality usage (i.e. electrical stimulation, thermal ultrasound, shockwave therapy, redlight/laser therapy, joint mobilizations, oxygen delivery, and invasive treatment like emergency IV insertion, suturing, and lidocaine injections for wound closure which are already within Virginia's athletic training regulations. Dry needling would be a profound complimentary tool to an athletic trainer's toolkit for the continued advancement of healthcare. Dry needling is used for many musculoskeletal injuries and spams, improving range of motion, pain relief, and recovery enhancement. With appropriate certification, training and physician oversight, athletic trainers are more than capable of demonstrating competence, proficiency, and safety as other healthcare professionals. Athletic trainers endure extensive education to become certified and licensed, in addition to bi-annually continuing education units to enhance their skills, learn new skills, and maintain knowledge of current, best evidence-based practices. Dry needling has proven to show quality results in their patient populations. Athletic trainers are regulated to perform dry needling technique within other states per their specific state regulations (i.e. Alabama, Arizona, Florida, Illinois, Kentucky, Maryland, Nebraska, Nevada, North Caroline, Ohio, West Virginia [https://bocatc.org/newsroom/dry-needling-state-regulation-updates/]). As the healthcare profession continues to evolve, and like any other profession, changing or adding different techniques or pathways is encouraged and essential to continue providing best evidence-based practices. I urge you to support athletic trainers in expanding their toolkit like other states have, to transform the lives within the state of Virginia. Professionally, Sam Compton MS, LAT, ATC	4/11/25 4:27 pm CommentID:233693
Kacy Bragg	YES allow needling	allow athletic trainers to do needling!!	4/11/25 4:34 pm CommentID:233694
Tori Collar Liberty University	YES For Athletic Trainers being ALLOWED to dry needle	athletic trainers, have the easiest quickest access to athletes as well as physical therapist, where doctors and chiropractors often do not have the time or bandwidth to dry needle patients. from personal experience a lot of doctors don't even see a lot of validity in dry needling, but from personal experience dry needling has also been a major relief of muscle tension for people like me in deeper muscular tissue. The process of having to go through a doctor is time consuming and unnecessary one athletic trainer who is certified in dry needling should just be able to do it themselves. Especially in the college athletic world seeing a doctor could take one to two weeks to get scheduled and then another few days to a week to actually get dry needled. In the same circumstance, an athlete who sees their athletic trainer daily at the collegiate level should be able to get dry needle within a day, but currently can't because of Virginia rules. So many other states such as North Carolina allow people to get. dry needling done without an MD. let's free up the doctor time and allow athletic trainers and even physical therapists to participate in this role moving forward. let's also allow this to happen without a doctors order being needed as long as the athletic trainer/physical therapist are trained and certified. This would make the world of injuries more efficient and allow people to live into their specialized roles better to help the athletic world and even general public more	4/11/25 7:47 pm CommentID:233695
Anonymous	YES!	AT's are proficient in anatomy & physiology along with emergency preparedness in the event of an adverse situation. Therefore, AT's are competent enough to perform this skill effectively and safely.	4/11/25 8:35 pm CommentID:233696
Brannon Zochert MS, LAT, ATC, PES (Momentous Sports	YES allow Athletic Trainers to Dry Needle!	Safety is the number one concern and I assure you. That ATs are already practicing the same precautions as other allied health professionals when it comes to dry needling. Getting certified to do it is the same courses as any other medical profession. Other states already recognize this and allow it. And some Athletic Trainers already have the certification and have experience applying/utilizing it in other states. If PTs are about to do it, ATs are more than capable and knowledgeable enough to do it as well.	4/11/25 8:53 pm CommentID:233697

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Peter L	Support for AT's ability to utilize Dry Needling	I am writing to voice my support to allow Athletic trainers in the state of VA to utilize dry needling in accordance with their full scope of care. I have worked with AT's in the military tactical space and they provide a critical service to our force. Dry needling is a modality that is used all the time in our setting and it provides critical relief to our service members. Every AT using dry needling is listened and certified and have executed their duties with the highest level of skill and professionalism. Please do not limit their ability to use all their tools to support our warfighters.	4/13/25 7:34 am CommentID:233698
Tatjana Fernandez Kimmel	I oppose the amendment	To lawmakers and regulators, The amendment is a dangerous proposition. Athletic Trainers do not have the rigorous and extensive preparation that an acupuncturist has. Allowing ATs to dry needle will open the gate to lowering standards. So let us uphold the high standards of education and skill in the healing practice of dry needling, which is akin to acupuncture. Thank you for considering my point of view, which is reflective of the acupuncturist community. Tatjana Fernandez Kimmel VUIM Student	4/14/25 7:22 am CommentID:233699
Anthony Crescienzi, MSAT, LAT, ATC, CES, University of Virginia	YES!	Athletic Trainers hold essential knowledge in anatomy and physiology and hold a special place in the sports medicine world to be able to give athletes the benefit's of TDN. With extensive training, TDN could be another essential tool that is added to the tool boxes of many ATC's in the state of VA.	4/14/25 8:11 am CommentID:233700
Sean Hanrahan	Yes to ATs dry needling	Athletic trainers are board certified, state licensed healthcare professionals with a masters degree minimum requirement. Modalities such as dry needling are well within the scope of practice of ATs when trained and operating under the guidance of a physician.	4/14/25 10:14 am CommentID:233701
Anonymous	YES to approving Athletic Trainers to dry needle	Athletic Trainers should have the ability to dry needle as long as they have proper training and certification	4/14/25 11:23 am CommentID:233702
Matt Gage, PhD, LAT, ATC, CES	Let ATs Perform Dry Needling	Athletic trainers who have received additional dry needling training **SHOULD BE ALLOWED** to utilize dry needling as a modality to provide optimal care to their patients. Current, athletic training student must complete a minimum of 5 to 6 years of didactic education. Three or four of those years are spent completing prerequisite courses to be eligible to enter an athletic training master's degree program. The last two years of the 5-6 include rigorous hands-on patient care under the supervision of a certified/licensed athletic trainer and/or other healthcare provider. Athletic training students are already being taught how to perform invasive procedures such as IV administration and suturing techniques due to the Commission on Accreditation of Athletic Training Education Standards. Certified\ licensed athletic trainers are required to earn 50 continuing education units every two years once they pass the Board of Certification for Athletic Trainers Exam. Some certified\licensed athletic trainers have chosen to pursue dry needling continuing education that leads to an additional certification in addition to the formal education requirements to be an athletic trainer. Virginia's state practice act already allows athletic trainers to perform invasive procedures such as wound closure and administering COVID 19 vaccines. Athletic trainers that receive additional dry needling certification are educated enough to administer dry needling to patients with musculoskeletal pathologies. Every state surrounding Virginia (Maryland, West Virginia, & North Carolina) already allows athletic trainers to perform dry needling as part of their state practice act. It is time for Virginia to align with our adjacent states. Let athletic trainers perform dry needling.	4/14/25 4:06 pm CommentID:233703
Laura Mancuso, MBA, LAT, ATC, Liberty University	YES to ATCs Dry Needling	I am in strong support of allowing Athletic Trainers to perform dry needling. The current scope of Athletic Trainers in Virginia allows us to suture, perform lidocaine injections, and administer IV's in emergency situations indicating we are qualified in breaking skin in a safe, effective manner. Our extensive education equips us with the majority of the foundational knowledge needed to perform this modality including but not limited to anatomy as well as the assessment and treatment of orthopedic injuries. The "weekend course" many have referred to builds on this knowledge while providing the practical skills necessary to administer. The training also begins in regions of the body where risk of adverse events are minimum. Additional training is needed for advanced body regions which requires more hours of education and practical application. The athletic trainer is only able to practice at the level of their training and under the direction of Team Physician. Therefore, athletics trainers are well within their knowledge and competency to perform this modality. Of note, many other states have already passed laws supporting athletic trainers to practice dry needling, with the most recent being Tennessee. Therefore, I strongly urge the Virginia Board of Medicine to support this amendment and follow the precedence already set in several states. Thank you for your consideration, Laura Mancuso, MBA, LAT, ATC	4/15/25 9:38 am CommentID:233705
Yalan Chiang, ATC, LAT, MAT, James Madison University	Support AT to Use the Modality of Dry Needling	Athletic Trainer is trained and licensed in the United States. ATs are qualified to learn and perform this skill. Maryland approved dry needling by athletic trainers as of October 2023, authorizing the State Board of Physicians to register licensed athletic trainers to perform dry needling upon completing the appropriate training and education. North Carolina released a statement on dry needling that allows athletic trainers to perform dry needling with 54 hours of BOC-approved dry-needling training, similar to Nevada regulations, which became effective in late 2020. With this Supreme Court decision in NC, it was proven that dry needling did not fall under the protection of the NCALB as "acupuncture" and that physical therapists could continue to practice it. "Hortz et al. published an expert-opinion comparison of the competencies outlined in the "Analysis of Competencies for Dry Needling by Physical Therapists" and the" 2020 Standards for Accreditation of Professional Athletic Training Programs," and the "Athletic Training Education Competencies – 5th Edition." They concluded that "89% of the dry needling tasks were "provided through entry-level education" and 11% were not "provided through entry-level education" and were therefore deemed dry needling specific. Very similar to the education of physical therapists. Given this fact, dry needling courses and certifications are required to fill the 11% not already taught by entry-level education before an Athletic Trainer practices dry needling."	4/15/25 4:38 pm CommentID:233706
Vivianne Gantous DACM, RN	OPPOSE this: NO to athletic trainers doing dry needling.	I adamantly oppose athletic trainers to have any government licensure in doing Acupuncture, which dry needling is a form of. As a Licensed Acupuncturist, Herbalist and RN of 20 years, I know that dry needling is essentially, Acupuncture without systemic diagnosis and/or whole body assessment. Dry needling is assessing only one part of the body which compartmentalizes an issue and can create harm if administered without proper education and thoroughly trained skill. Yes, dry needling is helpful but it requires a full understanding of how its implementation can affect not just that one body part but how that treatment can affect the entire body in the acute and longterm.	4/16/25 9:59 am CommentID:233707
Anna Seo, L.Ac	OPPOSITION TO 18VAC85-120-110	I strongly oppose 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is not a superficial technique—it is rooted in acupuncture, a comprehensive medical system that requires thousands of hours of education in anatomy, physiology, diagnostics, and needling technique. Athletic trainers simply do not have the depth of training necessary to safely and effectively perform this invasive procedure. It is not enough to know how to insert a needle; without proper diagnostic training, there is a serious risk of misapplication and harm. In my clinical experience, I have treated numerous patients who experienced increased pain, dysfunction, or new musculoskeletal problems after receiving dry needling from inadequately trained practitioners from the physical therapy/sports therapy industry. Allowing this amendment to pass would jeopardize patient safety and devalue the complexity and origins of this powerful technique, so I urge you to prioritize patient well-being and stop this proposal. Thank you.	4/16/25 10:02 am CommentID:233708
Xiong C	No to 18VAC85-120-110	Safety and effectiveness depend on lots and lots of training. Acupuncture should be done only by licensed acupuncturists.	4/16/25 10:18 am CommentID:233709
Anonymous	NO to ATs practicing Acupuncture/ DN	Dry needling is a single technique of acupuncture which is an invasive medical procedure, that requires proper training. Years on the case of acupuncturists. All of whom will oppose th8s. It's not an issue of scope, it's a matter of public health. NO to ATs using needles, refer to medical professionals. Harry F Lardner L.Ac	4/16/25 10:29 am CommentID:233710
Abril Reck DACM, PMHNP, FNP, LAc, Dipl OM	Oppose dry needling for athletic trainers	To whom it may concern, I am writing to oppose the legislation that would allow athletic trainers to perform dry needling which is the same act as acupuncture using a filiform needle (acupuncture needle). The procedure is an invasive medical procedure requiring advanced knowledge of human anatomy, physiology, and oversight and clinical training. Why would legislators back this bill which will increase risk of patients. Only trained certified providers should perform such invasive techniques, rather than a trainer with no clean or sterile needle certification nor medical training to manage special populations such as diabetics, immune compromised patients and emergencies that may arise due to the procedure. Complications due to poor needle insertion skills include collapsed lung, punctured artery, bleeding, nerve damage, broken needle, migration of needle, infection and so on. Only the most well-trained providers with medical training should be allowed to perform puncture with a filiform needle such as acupuncturists and physicians certified in acupuncture.	4/16/25 10:30 am CommentID:233711
Anonymous	No to dry needling for AT	Athletic trainers should not be allowed to perform dry needling. Their training is a manual therapy and inserting a needle into the skin, muscle and fascia is an invasive technique which is beyond their scope of practice. Please consider what is required of say a physician to perform dry needling (acupuncture) legally in VA. How could you even consider an AT as having enough knowledge and training to stick people with needles? Please reject this!	4/16/25 10:36 am CommentID:233712
Anonymous	ATs should NOT do dry needling!	No. ATs are not train for that. They better do their own job than doing something that have no knowledge or understanding. Above all, we need to consider PUBLIC SAFETY! Do not put public safety in danger.	4/16/25 10:40 am CommentID:233713
Ericka Schaefer	Opposition to 18VAC85-120-110	I am writing in opposition to 18VAC85-120-110 that would allow athletic trainers to perform dry needling. Dry needling is an invasive medical procedure requiring advanced knowledge of human anatomy, physiology, and extensive clinical training. Legislators should not back this bill as it will increase unnecessary risk for patients. Only trained certified providers should be able to perform invasive techniques. Complications due to poor needle insertion skills include collapsed lung, punctured artery, bleeding, nerve damage, broken needle, migration of needle, infection and more if not properly trained.	4/16/25 10:47 am CommentID:233714
Khatira Safari	Leave dry needling to acupuncturists	Athletic trainers should not perform dry needling, as it involves the insertion of filiform needles and requires a deep understanding of anatomy, trigger points, and potential risks. This technique should be reserved for licensed acupuncturists, who are extensively trained in needle-based therapies and follow rigorous safety and clinical standards. Ensuring patient safety and treatment efficacy means leaving dry needling in the hands of properly qualified professionals.	4/16/25 10:53 am CommentID:233715
Katie Clifton, L.Ac	18VAC85-120-110	**Please vote NO to 18VAC85-120-110.** As a licensed acupuncturist and nonprofit provider serving marginalized communities, I strongly believe in making acupuncture accessible—but not at the cost of safety. Dry needling is acupuncture and requires comprehensive training. Lowering standards puts patients at risk. I recently treated a woman who suffered severe injury and needed surgery after receiving dry needling from someone inadequately trained. We cannot sacrifice safety in the name of access.	4/16/25 11:41 am CommentID:233716
Bill Reddy, Vital Point Acupuncture	For public safety - leave acupuncture therapy to licensed acupuncturists	As a licensed acupuncturist with more than 20 years' clinical experience, I strongly oppose the proposed amendment to 18VAC85-120-110 that would allow athletic trainers to perform dry needling in Virginia. My opposition is grounded in concerns over patient safety, inadequate training standards, and the lack of regulatory safeguards that protect the public from serious harm. **1. Safety Risks and Adverse Events** Dry needling is an invasive procedure that involves inserting solid filiform needles into muscle tissue, often near critical anatomical structures. While minor side effects such as soreness and bruising are common, severe adverse events—including pneumothorax, nerve injury, and infection—have been documented, particularly when performed by practitioners with limited training in needle technique. Recent studies highlight that serious complications, such as pneumothorax, are more likely when physical therapists or other non-acupuncturists perform dry needling without sufficient training in invasive techniques12. For example, a 2024 analysis found that between 8% and 13% of physical therapists reported major adverse events, and pneumothorax	4/16/25 11:54 am CommentID:233717

		remains the most frequently reported severe complication in dry needling performed by non-acupuncturists12. **2. Inadequate Training and Education** Licensed acupuncturists in Virginia are required to complete a minimum of 1,900 to 3,000 hours of comprehensive education, including over 1,000 hours of hands-on needle training25. This extensive training covers detailed anatomy, physiology, pathology, clean needle technique, and supervised clinical practice. In order to be licensed in Virginia, acupuncture school graduates must be "Nationally Board Certified" by passing an 8-hour board exam developed through the National Certification Commission for acupuncture and Oriental Medicine (www.NCCAOM.org) which is certified through the Institute for Credentialling Excellence (https://www.credentialingexcellence.org). In contrast, athletic trainers typically receive only a fraction of this training—often less than 100 hours focused on dry needling, with little or no education in invasive needle procedures, depth awareness, or the management of complications25. This disparity in training directly correlates with increased risk to patient safety. **3. Clean Needle Technique and Bloodborne Pathogen Training** Acupuncturists are required to demonstrate mastery of clean needle technique and infection control, as mandated by national board certification and continuing education standards4. This includes rigorous training in sterilization, safe needle handling, and proper disposal to prevent the transmission of bloodborne pathogens and other infectious diseases34. While general bloodborne pathogen training is available to healthcare workers in Virginia3, the specific, hands-on training in clean needle technique required of acupuncturists far exceeds what is typically provided to athletic trainers. This gap increases the risk of infection and cross-contamination when dry needling is performed by inadequately trained individuals. **4. Regulatory Oversight and Public Protection** The proposed amendment does not specify adequate training standards or regulatory oversight for athletic trainers performing dry needling5. Allowing practitioners with minimal training to perform an invasive procedure undermines the rigorous safeguards established to protect the public. Licensed acupuncturists are subject to ongoing recertification, ethics reviews, and disciplinary processes to ensure high standards of care—protections not guaranteed by the proposed amendment for athletic trainers5. **Conclusion** Dry needling, regardless of terminology, is acupuncture by definition and should only be performed by those with the requisite education, clinical experience, and regulatory oversight. The evidence clearly shows that insufficient training leads to higher rates of adverse events, including life-threatening complications. For the safety of Virginia's patients and the integrity of healthcare practice, I urge the Board to reject amendment 18VAC85-120-110. Respectfully, Bill Reddy, L.Ac. Licensed Acupuncturist www.BillReddy.com	
Ping Rathje	Athletic trainers should not be allowed to perform dry needling.	Concerning the protection of professional standards and patient safety, here are some reasons why the Virginia Board of Medicine might decide against allowing athletic trainers to perform dry needling: Scope of Practice and Education: Athletic trainers are extensively educated in the prevention, diagnosis, and treatment of musculoskeletal injuries, particularly in relation to sports. However, their training does not generally cover invasive procedures such as dry needling, which involves inserting thin needles into muscle trigger points. This type of procedure aligns more closely with the scope of practice of physical therapists, acupuncturists, or medical doctors, who receive more comprehensive training in anatomy, physiology, and various medical interventions. Patient Safety: Dry needling is an invasive technique that involves inherent risks, including infections, bruising, bleeding, and nerve damage. Addressing these risks effectively requires in-depth knowledge of human anatomy and extensive hands-on clinical experience, which are more typical of the training undertaken by physical therapists, physicians, and other healthcare providers than by athletic trainers. Professional Integrity and Standards: Permitting athletic trainers to perform dry needling may lead to overlaps in professional roles, potentially causing confusion among patients regarding the qualifications of their healthcare providers. Clearly defined professional roles are crucial for ensuring that each healthcare provider works within their expertise, maintaining trust and integrity across healthcare professions. Regulatory and Legal Implications: Including dry needling in the scope of practice for athletic trainers would require adjustments in regulatory standards, licensure requirements, and liability insurance. Such changes could complicate the legal framework for athletic trainers and their employers, increasing the risk of litigation and insurance costs. Training and Competency: Should athletic trainers be authorized to conduct dry needling, significant revisions would be needed in their educational programs and ongoing professional training to ensure high competency levels in this skill. Implementing these changes would demand additional resources from educational bodies and regulatory authorities, which could be challenging and unsustainable. Public Perception and Trust: The foremost priority for healthcare regulatory bodies is protecting the public and ensuring optimal care standards. Granting athletic trainers the authority to perform invasive techniques like dry needling, for which they are not traditionally trained, might diminish public trust in the healthcare system if adverse events arise from insufficient training and experience. In summary, while athletic trainers are integral to sports medicine and athlete care, the Virginia Board of Medicine might conclude that the potential risks and broader implications of allowing them to perform dry needling do not justify the benefits. This decision would focus on protecting patient safety, upholding high professional standards, and ensuring that invasive procedures are carried out by the most qualified and thoroughly trained professionals.	4/16/25 12:01 pm CommentID:233718
MARK E BODZISLAW	Objection to the Practice of Dry Needling by athletic trainers in Virginia	I am writing to express my strong objection to the practice of dry needling by athletic trainers in Virginia, as currently permitted and practiced by licensed physical therapists. My concerns stem from several factors, including: **1. Lack of Standardized Training:** The current regulations do not adequately address the need for specialized training and education beyond the initial physical therapy curriculum, potentially leading to practitioners lacking the necessary expertise to safely and effectively perform dry needling. **2. Safety Concerns:** Dry needling is an invasive procedure with potential risks, including nerve damage, infections, and other adverse events. The lack of standardized training and regulation increases the likelihood of complications, particularly when performed by untrained individuals. **3. Insufficient Informed Consent:** While patient consent is required, there is no specific requirement for a clear explanation of the risks, benefits, and limitations of dry needling, especially when evidence supporting its effectiveness is limited or inconclusive. **4. Scope of Practice Issues:** Dry needling is not a core component of physical therapy education and should not be included in the scope of practice unless it's accompanied by rigorous training and clear protocols. **5. Unproven Effectiveness and Cost-Effectiveness:** The evidence supporting the effectiveness of dry needling is often inconclusive, and it may not be a cost-effective treatment option compared to other established therapies. I urge you to consider the following: • **Implement stricter requirements for training and certification for dry needling.** • **Ensure patients receive informed consent that clearly explains the risks and benefits of the procedure.** • **Clarify the scope of practice for physical therapists to ensure they are adequately equipped to perform dry needling safely and effectively.** • **Evaluate the cost-effectiveness and clinical outcomes of dry needling in relation to other therapies.** I believe these steps are essential to protect patient safety and ensure the responsible use of dry needling in Virginia. Sincerely, Dr. Mark Bodzislaw, DAOM, LAc	4/16/25 12:05 pm CommentID:233719
Cheryl Woods, Wisdom of the Woods	Leave needling to those with sufficient training	Please do not allow athletic trainers with insufficient education to perform dry needling. There are inherent risks and it is unsafe for the general public to allow this practice.	4/16/25 12:12 pm CommentID:233720
Hands On Health Acupuncture, Maureen Quinn	Any needling should be left to Licensed Medical Professionals not Athletic trainers!	It is completely contrary to public safety to allow athletic trainers to needle their clients. Pts have a PHD and barely have enough knowledge to do dry needling. Acupuncturists spend 3 years of full time training and massive continuous education to keep learning and improving on this specific skill and knowledge base. Please do not even consider this proposal!	4/16/25 1:06 pm CommentID:233721
Jessica S	Opposition to Dry Needling by Athletic Trainers ⁄ Protect Patient Safety and Acupuncture Standards	As a current acupuncture student, I strongly oppose the amendment to 18VAC85-120-110 which would allow athletic trainers to perform dry needling with minimal training. Dry needling is not a simple technique—it is an invasive procedure often targeting the same muscular trigger points that our profession refers to as Ashi points. The difference is that licensed acupuncturists complete three to four years of rigorous postgraduate education to learn how to needle safely and effectively. In contrast, athletic trainers would be permitted to perform this procedure with only a fraction of that training. Other healthcare professionals with clinical backgrounds such as chiropractors, and physical therapists have caused serious injuries, such as pneumothorax, due to inadequate training with acupuncture needles. Allowing this amendment would put patients at increased risk of adverse outcomes by giving needling privileges to yet another profession with limited training, applying techniques that exceed their educational foundation and fall outside their clinical depth.	4/16/25 1:37 pm CommentID:233722
Cali Gaston, RN, MAc, LAc	NO dry needling by personal trainers	Dry needling is acupuncture, and acupuncturists in Virgina are required to have graduate degrees, and pass national certification exams. Inadequate training, as outlined for personal trainers, puts patients at risk. This is a very bad idea as it is unsafe for Virginians.	4/16/25 2:10 pm CommentID:233723
Annie	Yes to ATC to Dry Needle	Athletic trainers are certified health care providers who undertake training and additional classes to become dry needling certified. They are able to assist and help their patients through this certification. They have the knowledge and education to perform this task. Dry needling and acupuncture are two different types of treatment with different definitions and certifications. The goal for an Atheltic trainer is to support and help their patients, just like an acupuncturist goal is to help their patients. We shouldn't be against another providers education and certification, as we are all here to help our patients to the best of our ability. Athletic trainers have been able to help hundreds of patients with their injuries due to the assistance of dry needling. Limiting athletic trainers will in turn hurt the patients ability to overcome an injury, that could be easily avoided with the assistance of dry needling. Not everyone has easy access or can afford to go PTs or acupuncturist. Healthcare should be a team approach in order to help our patients, not limit their healthcare providers education and care.	4/16/25 2:12 pm CommentID:233724
VIctoria Taylor	Leave Acupuncture to the Acupuncturists	I have been a licensed acupuncturist in the State of Virginia since 1997. Previous to being licensed I earned a Bachelors Degree from an Ivy league institution and attended a three year FLorida approved acupuncture Masters level program with a 1 year clinical internship. This training included Western pathology, Anatomy and Physiology as well as Eastern Diagnosis and Treatment Strategies and energetic anatomy, and Clean Needle Technique. Needling for wellness is my profession. It is ALL I do. I object to Athletic trainers being able to include needling strategies into their work. In addition to my safety concerns, I feel as though it misrepresents the skill that me and my colleagues provide and disrespects our rigerous training, continuing education and the	4/16/25 2:12 pm CommentID:233725

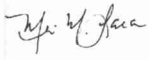
		regulations of our profession.	
Amy Rautner, Lic. Ac.	Protect Patients -- No to Dry Needling by Athletic Trainers	Athletic Trainers should not be permitted to use an Acupuncture medical device, with such limited training, to perform Dry Needling.	4/16/25 2:26 pm CommentID:233726
Ann F. (M.S, LAT, ATC, CIDN)	Yes to Athletic Trainers Dry Needling	Athletic trainers are certified health care providers. We are certified and licensed. Multiple states allow athletic trainers who are properly trained and certified to perform dry needling. Those states have not taken away this implantation, as those Atheltic trainers have not created a reason to amend it. Virginia CAATE accredited programs already instruct emergency IVs, suturing and lidocaine injections (all which are invasive techniques within VA regulation). Within the United States, athletic trainers are allowed to suture, start an IV, and do injections. All invasive techniques. We do not take dry needling lightly, and must go through proper certification, like any other profession (Ex: Physical Therapist).	4/16/25 3:51 pm CommentID:233727
Margaret Willoughby MSAT, LAT, ATC	Yes for ATs, let's discuss education	I've been reading the comments from both sides for about a week now. Most of the concerns are athletic trainers don't have the knowledge to dry needle safely. We've also been called personal trainers which leads me to believe there has been very little research into what our profession is and what our skill sets are. I would like the acupuncturists to know we have years of training. We have the background knowledge to perform dry needling safely. I would even be open to having a longer dry needling program to cover any gaps that might exist. If the real fear is taking away clients, I don't think our populations overlap that extremely. Many of us work with minors at public schools and would not likely be allowed to use this skill there. I believe athletic trainers should be allowed to train in and practice dry needling.	4/16/25 4:00 pm CommentID:233728
Karine Martimbianco	Disagreement with Allowing Athletic Trainers to Practice Dry Needling	I respectfully vote *no* on the proposal to permit athletic trainers to practice dry needling. Dry needling is an invasive procedure that requires extensive anatomical knowledge, precision, and clinical training. While athletic trainers are highly skilled in sports medicine and rehabilitation, dry needling falls outside the traditional scope of their practice. It involves puncturing the skin and working near neurovascular structures, which poses risks if not performed by practitioners with comprehensive training in needling techniques and differential diagnosis. Furthermore, current regulations in many states restrict dry needling to licensed professionals such as physical therapists or medical doctors who undergo specialized education and clinical supervision. Expanding this scope without standardized, rigorous training requirements could compromise patient safety and professional accountability. For these reasons, I do not support expanding athletic trainers' scope of practice to include dry needling.	4/16/25 4:34 pm CommentID:233729
Apollonia Sierra, DAcHM, Forsythia Acupuncture & Herbs	Opposition to 18VAC85-120-110	I strongly oppose the proposed amendment to 18VAC85-120-110. This proposal poses a significant threat to public safety, undermines the integrity of our profession, and diminishes the rigorous education and licensure standards that licensed acupuncturists are required to meet. Allowing individuals without the necessary comprehensive training and expertise to perform procedures such as dry needling jeopardizes patient safety. Licensed acupuncturists undergo extensive education, including thousands of hours of training in anatomy, physiology, and safe needle techniques. These standards are in place to ensure that patients receive the highest quality of care and to minimize the risk of harm. Furthermore, the use of needles in healthcare requires a profound understanding of the underlying dynamics of how a needle interacts with the body. This includes knowledge of acupuncture points, meridians, and the subtle effects on physical and energetic systems. Only licensed acupuncturists possess the extensive training necessary to safely and effectively use needles for therapeutic purposes. Allowing untrained individuals to perform such procedures risks causing unintended harm and undermines the trust placed in our profession. This proposal not only endangers patients but also devalues the dedication and professionalism of licensed acupuncturists. It sets a concerning precedent by allowing individuals with significantly less training to perform complex procedures, which could lead to a decline in the overall quality of care provided to the public. I urge the Board to reject this proposal and to uphold the rigorous standards that protect both the public and the integrity of our profession.	4/16/25 4:38 pm CommentID:233730
Sarah Shupe Hung L. Ac.	Strongly opposed allowing athletic trainers to practice dry needling	Hello, My name is Sarah Shupe Hung and I am a Virginia licensed acupuncturist with offices in Burke and Alexandria. I would like to express my concerns about the proposal for athletic trainers to perform dry needling. A main concern is public safety related to iInsufficient training standards. Athletic trainers. The proposed amendment does not specify adequate training standards to ensure the safe and effective practice of dry needling by athletic trainers. Most dry needling courses involve only a one or two weekend training. They also do not include supervised clinical training, which is critical to mastering needle techniques. Supervised clinical training provides the real world experience that has been key to acupuncture's strong reputation for safety and effectiveness. In comparison to the one or two weekend training dry needlers attend, acupuncturists in Virginia are required to have at least 1900 hours of comprehensive training including 705 hours of acupuncture-specific didactic material and 660 hours of supervised clinical training. The proposed amendment does not ensure equivalent or sufficient training standards for athletic trainers to mitigate these risks. Besides the public safety risk, I also agree with Acupuncture Society of Virginia's statement of on risk of injury, lack of regulatory oversight and legal and scope of practice issues. For these reasons I strongly oppose the proposed amendment to 18VAC85-120-110. Sarah Shupe Hung L.Ac.	4/16/25 5:17 pm CommentID:233731
Thien V	Opposition for AT's to do DN	As a licensed massage therapist and current student of acupuncture with extensive training in anatomy, physiology, and patient care, I strongly oppose allowing anyone other than licensed acupuncturists or medical doctors to perform needling procedures that involve penetrating the skin to alleviate pain. Acupuncturists undergo thousands of hours of rigorous training—not just in needle technique, but in comprehensive diagnostics, channel theory, clean needle technique, patient safety, and clinical judgment. These are not skills that can be sufficiently learned in a weekend seminar or short-term course. If practitioners from other fields wish to incorporate needling, they should be required to complete a level of education comparable to that of licensed acupuncturists, ideally taught by experienced acupuncturists themselves. While acupuncture is about more than just inserting needles, it's undeniable that our identity and scope are often reduced to "needling" in public perception. Because of this, allowing other professions to utilize invasive needling techniques without equivalent training not only puts patient safety at risk, but also undermines the legitimacy and value of the acupuncture profession. This concern is not hypothetical—there is documented risk associated with dry needling when performed by non-acupuncturists. Pneumothorax, a potentially life-threatening condition in which air enters the pleural space and causes a collapsed lung, has been reported in multiple cases involving dry needling by physical therapists or athletic trainers: • A case series documented four instances of pneumothorax following dry needling in the shoulder and neck regions (https://pmc.ncbi.nlm.nih.gov/articles/PMC11017104/). • Another case involved a 36-year-old male who developed pneumothorax after dry needling of the posterior thorax (https://pmc.ncbi.nlm.nih.gov/articles/PMC6148831/). In fact, I have a client who personally experienced this. They received dry needling from a non-acupuncturist and suffered a pneumothorax as a result. This is not just a theoretical risk—it's a real harm I've witnessed firsthand, and one that could have been prevented with better training and regulation. In contrast, acupuncture has an extremely low incidence of pneumothorax when performed by licensed acupuncturists: • A prospective study of 2.2 million acupuncture sessions found only two cases of pneumothorax (https://pmc.ncbi.nlm.nih.gov/articles/PMC10301852/). • Another population-based study in Taiwan reported an incidence of just 0.87 to 1.75 per 1,000,000 acupuncture treatments (https://journals.sagepub.com/doi/10.1136/acupmed-2018-011697?icid=int.sj-full-text.similar-articles.3). These statistics, alongside personal experience, clearly show that patient safety is compromised when needling is performed by individuals with minimal training. If we are going to expand therapeutic options, we must ensure they are grounded in appropriate education and clinical experience. I understand the desire to integrate needling into broader healthcare practices. However, if we are going to branch out, we should still honor and protect the root. Let's preserve the integrity of this powerful medicine and ensure that any use of needles for therapeutic purposes is carried out with the highest level of education, safety, and respect.	4/16/25 7:37 pm CommentID:233732
Melanie S.	Against dry needles by trainers	I am against trainers obtaining dry needling in Virginia. Dry needling is a medical intervention requiring more in depth knowledge than an athletic trainer has. Having an athletic trainer doing dry needling is risky for patients because they don't know how much advanced training is required in order to safely insert filiform needles into the body. Dry needling is not without risk, and I don't see why trainers can't focus on what they do best and keep the needling to those who specialize in acupuncture and work with filiform needles.	4/16/25 7:45 pm CommentID:233733
Maegan Hodge, L.Ac.	Is this real life? Is this really being proposed?	Please be aware that it is incredibly easy to harm internal organs and hospitalize people with insufficient training on invasive procedures like dry needling. If athletic trainers want to perform our needling, please require that they go to PT school or acupuncture school. What's next? Hairdressers performing dry needling? Nail techs? Ask yourself if you would feel comfortable with somebody with no professional level of schooling, putting needles near your lungs, which could easily be punctured and deflated and you hospitalized.	4/16/25 7:58 pm CommentID:233734
Ning Ning Mahlmann	Against the permission of performing dry needling procedures by athletes' trainers	The knowledge and skills needed to insert a needle into a patient's body requires at least a three and one half years of full time study at the graduate level and several hundred hours of practical clinical internship program under experienced and board certified professionals' supervision. In addition, before an acupuncturist can practice in at least 48 states of the United States of America, he/she has to pass the national board exams. The reasons for the above standards are not only to protect the patients, but also the profession. Therefore, for the patient's safety and the integrity of the acupuncture/ Traditional Chinese Medicine, I ask that you do not approve the proposal of allowing anyone who has not met the criteria for being a licensed acupuncturist to perform dry needling procedures. Thank you for your attention to his matter.	4/16/25 8:14 pm CommentID:233735
Kim Nguyen	NO to Dry Needling by trainers	This needs to be taken seriously. Dry needling should be provided by licensed healthcare practitioners in a clinical setting. Please consider the dangerous consequences of allowing people to receive treatments from someone without a medical degree.	4/16/25 10:45 pm CommentID:233736
Anonymous	ATs are Healthcare Professionals	Athletic trainers (ATs) are healthcare professionals and have the education and understanding for dry needling. ATs can suture, IV access, and are working in operating rooms. For everyone who does not understand who ATs are and what ATs do, below is from the National Athletic Training Association (NATA.org). For more information bocatc.org is the national certification organization for ATs. To anyone who is voting please research ATs and know that we are healthcare professionals. What is athletic training? Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession. Who are athletic trainers? Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. The NATA Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. **Athletic trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer.** The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited master's program.	4/16/25 11:10 pm CommentID:233737
Anya Warren,	I oppose Athletic	Safety first, the amount of training and knowledge to correctly place needles into the body, requires hours of observation and study. Trainers should focus on training people to perform	4/17/25 5:38 am

ND,	Trainers gaining the ability to dry needle	correctly exercises, not try to spend their time inserting needles into muscle tissues, joint spaces and potentially wrong spaces such as veins arteries or lung spaces . They usually are working in gyms not clinics. What about the sterile procedures that are needed, patient [illegible]ore protection. The respect of placing needles into someone s body is beyond the training of a trainer. Lets stay in our own lanes. Sincerely, a concerned professional	CommentID:233738
Reid Saunders	Concern from a Licensed Acupuncturist	This proposed bill threatens the public safety, diminishes the integrity of our profession, and undermines the rigorous education & licensure standards which licensed acupuncturists must meet.	4/17/25 7:36 am CommentID:233739
Anonymous	Strongly support Licensed Athletic Trainers to be able to perform Dry Needling	Athletic Trainers are licensed and qualified healthcare providers, as such they should be allowed to use dry needling in support of their patient health and well being. Also to note is that dry needling is not acupuncture. Two very different modalities that have a shared point of a needle but are not the same and there is plenty of research and literature to explain the difference.	4/17/25 8:03 am CommentID:233740
Aiqiu Zhao	Against	Strongly disagree	4/17/25 9:56 am CommentID:233741
Hope Smith	No to dry needling by Athletic trainers	I This proposal threatens **public safety**, **diminishes the integrity of our profession**, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet.	4/17/25 3:43 pm CommentID:233742
Corinne Hupp, MS, LAT, ATC	Full Support of Athletic Trainers and Dry Needling	Athletic Trainers are well-educated, board-certified healthcare professionals who posses extensive training in assessing, diagnosing, and treating musculoskeletal conditions. Therefore, they are exceptionally equipped to incorporate dry needling safely and effectively into their clinical practice. Dry needling is a specialized, evidence-based technique designed to address neuromuscular dysfunction, alleviate pain, and enhance functional movement. Athletic trainers already have the necessary anatomical knowledge, clinical judgment, and manual therapy skills required for this method. With the right post-professional training, they can seamlessly integrate dry needling into their treatment options. Denying athletic trainers the opportunity to practice dry needling restricts access to prompt and effective care for active individuals, while also underutilizing an essential part of the sports medicine workforce. In states where athletic trainers are permitted to perform dry needling, the results have been favorable, and safety records continue to be robust. Consequently, I firmly support the establishment of legislative and regulatory frameworks that acknowledge dry needling as part of the athletic training scope of practice, provided it is performed by professionals who have undergone recognized post-certification education and training in this technique. Supporting athletic trainers' ability to perform dry needling enhances patient care, expands access to evidence-based interventions, and reflects the evolving standards of modern sports medicine. By embracing this modality, we not only empower athletic trainers to utilize their full range of skills but also ensure that patients and athletes receive timely and effective treatment tailored to their specific needs. This integration aligns with the goals of comprehensive healthcare, where interdisciplinary collaboration and specialized techniques work hand-in-hand to promote optimal recovery and performance. As the field of sports medicine continues to advance, it is imperative that we recognize and utilize the full potential of all healthcare professionals, fostering an environment where innovation and excellence thrive for the benefit of all patients.	4/17/25 4:02 pm CommentID:233743
RebeccaReynolds LAc-FNP/A-A-Acupuncture /Arlington VA	No Dry Needling with Athletic Trainer	Athletic Trainers definiely should not be allowed to do Dry Needling/their training & education is very limit. My Husband has prement cervical problems from his work with an Athletic trainer. I would hate to see what would happen with Needles in the untrained hands of Athletic trainers.	4/17/25 5:15 pm CommentID:233744
Emily Hatt LAc	against athletic trainers performing dry needling	I copied and pasted this, because it says it best. Protect Patient Safety — Oppose Granting Dry Needling Authority to Athletic Trainers On behalf of the Acupuncture Society of Virginia (ASVA) and our members, we respectfully oppose the proposed amendment to 18VAC85-120-110, which seeks to grant licensed athletic trainers the authority to perform dry needling following training and physician screening. Dry needling is an invasive procedure involving the insertion of filiform needles into myofascial trigger points and other soft tissue structures to relieve pain and dysfunction. While it is often distinguished from acupuncture in terminology, the technique is fundamentally identical to acupuncture as defined in traditional and contemporary medical practice. Allowing athletic trainers—who do not possess the requisite education, clinical training, or licensure in acupuncture—to perform this procedure poses significant risks to public health and safety. Concerns Regarding Patient Safety & Proper Training Insufficient Training Standards: Athletic trainers undergo extensive training in musculoskeletal assessment and rehabilitation, but their education does not include the rigorous study of needling techniques, acupuncture points, meridian theory, or safety protocols for needle insertion that licensed acupuncturists undertake. The proposed amendment does not specify adequate training standards to ensure the safe and effective practice of dry needling by athletic trainers. Risk of Injury and Infection: Improper needling techniques can result in serious complications and life-threatening incidents, including nerve damage, pneumothorax, infection, and excessive bleeding. Licensed acupuncturists in the state of Virginia undergo a minimum of 1,900 hours of comprehensive training, including needle insertion safety, sterilization techniques, and extensive supervised clinical practice. The proposed amendment does not ensure equivalent or sufficient training standards for athletic trainers to mitigate these risks. Lack of Regulatory Oversight: The practice of acupuncture, including dry needling, is prescribed under Virginia law and regulated by the Board of Medicine's acupuncture regulations. Allowing athletic trainers to perform dry needling under a separate regulatory structure, without the same rigorous oversight required of licensed acupuncturists, creates a dangerous precedent that compromises patient safety. Licensed acupuncturists in Virginia also maintain national board certification that further ensures patient safety with ongoing recertification requirements and a national ethics and disciplinary review process. Legal & Professional Scope of Practice Issues Violation of Scope of Practice: Athletic trainers are not currently authorized under Virginia law to perform invasive procedures involving needle insertion. Expanding their scope of practice to include dry needling would require clear legislative action (similar to physical therapists in § 54.1-3482), rather than a regulatory amendment, to ensure proper accountability and public protection. The side-by-side definitions (§ 54.1-2900) of the practice of acupuncture and the practice of athletic training clearly delineate the use of needles for acupuncturists and not athletic trainers. Public Misperception and Consumer Confusion: Patients seeking dry needling may not be fully aware of the differences in training and qualifications between licensed acupuncturists, physical therapists and athletic trainers. This amendment could lead to consumers receiving treatment from inadequately trained practitioners, thereby undermining public trust in regulated healthcare professions. Given the substantial risks associated with inadequate training, the potential for patient harm, and the need to uphold professional standards in healthcare, the Acupuncture Society of Virginia strongly opposes the proposed amendment to 18VAC85-120-110. We urge the Board to reject this petition and uphold the current regulatory framework, which ensures that invasive needling procedures remain within the scope of appropriately trained and	4/17/25 6:57 pm CommentID:233745
Alice Warters	Strong Opposition to proposed amendment to 18VAC85-120-110	I write in strong opposition to the proposed amendment permitting athletic trainers to perform dry needling (DN). This matter demands serious consideration, as it directly concerns patient safety and the integrity of healthcare standards in the Commonwealth. Dry needling is an invasive procedure that should only be performed by licensed healthcare professionals with comprehensive training in needling techniques, anatomy, physiology, and differential diagnosis. Athletic trainers, whose core curricula do not include invasive procedures, would be permitted under this amendment to perform DN after completing only a fraction of the training required of other Virginia-licensed providers. This represents a significant reduction in the threshold of competence and undermines public trust in our healthcare system. Importantly, DN is not included in the Board examination for athletic trainers, nor are there standardized requirements for DN training in their licensing process. Their professional scope centers on non-invasive musculoskeletal support and rehabilitation—not on puncturing the skin or interacting with deep anatomical structures. By contrast, licensed acupuncturists in Virginia must complete more than 2,000 hours of training, including extensive hands-on needling education, and hold at least a Master's degree. Chiropractors, though permitted to perform DN with less needling-specific training, possess a rigorous educational foundation in anatomy and clinical diagnosis that athletic trainers do not. Permitting this expansion in scope without commensurate education and clinical standards poses a real risk to patient safety and sets a troubling precedent for lowering regulatory standards without adequate justification or oversight. I respectfully urge the Board to reject this amendment in order to uphold the safety of Virginia's residents, maintain professional integrity, and protect the high standards of care to which our healthcare system must be held.	4/17/25 8:40 pm CommentID:233746
Michael Kotelnicki	Clarification in Support of Athletic Trainers Performing Dry Needling	As we continue the important dialogue regarding the proposed amendment to permit Board-Certified Athletic Trainers to perform the modality of dry needling, it is essential to address and clarify several points raised in opposition. • **Athletic Trainers Are Not Personal Trainers**: Certified athletic trainers complete a minimum of six years of higher education through university-based, nationally accredited programs. Their education follows a rigorous, competency-based approach that integrates both classroom instruction and clinical experience. Utilizing a medical-based educational model, certified athletic trainers are trained to deliver comprehensive patient care across five key domains of clinical practice:	4/17/25 9:27 pm CommentID:233747

		1. **Risk Reduction, Wellness, and Health Literacy**
		2. **Assessment, Evaluation, and Diagnosis**
		3. **Critical Incident Management**
		4. **Therapeutic Intervention**
		5. **Healthcare Administration and Professional Responsibility**
		
		Coursework includes advanced studies in anatomy, physiology, nutrition, therapeutic modalities, orthopedic assessment, and therapeutic exercise. In addition, students complete hundreds of hours in diverse clinical settings, ensuring they graduate with extensive hands-on experience and the skills necessary to support a wide range of patient populations.
		
		• **Training in Invasive Procedures**: Accredited athletic training programs, overseen by the Commission on Accreditation of Athletic Training Education (CAATE), require training in sterile technique and invasive procedures. This includes intravenous (IV) administration, wound closure using sutures and staples, and lidocaine injections. These competencies have been formally recognized and approved by overwhelming majorities in both chambers of the Virginia General Assembly in 2023.
		• **Virginia Board of Medicine Licensed:** Code of Virginia §54.1-2900
		• **Public Health Precedent During COVID-19**: During the COVID-19 pandemic, the Governor of Virginia, executive order number 51, authorized athletic trainers to administer COVID vaccinations—a needle-based medical procedure—based on their foundational education and with clinical training, that did conclude June of 2021. This authorization was not extended to acupuncturists, underscoring the difference in the Commonwealth's recognition of clinical competence.
		• **Dry Needling vs. Acupuncture**: Dry needling, a technique rooted in Western medicine and focused on musculoskeletal trigger points, differs fundamentally from acupuncture, which is based on Eastern medicine and meridian theory. Acupuncturists' licensure documentation defines their practice under these Eastern philosophies. If some within the acupuncture profession now claim dry needling as their own, this calls for a reassessment of their scope of practice, as it may contradict their originally defined licensure.
		• **States that Allow Athletic Trainers to Practice Dry Needling**:
		  ◦ Alabama
		  ◦ Arizona
		  ◦ California
		  ◦ Connecticut
		  ◦ Maryland
		  ◦ Florida
		  ◦ Georgia
		  ◦ Illinois
		  ◦ Iowa
		• **Support from Diverse Medical Professionals**: In reviewing public comments, a clear distinction emerges. Opposition to the amendment is largely from those within the acupuncture profession. In contrast, support for the athletic trainer comes from a broad range of healthcare professionals, including physicians, physical therapists, academic leaders, and hospital administrators. This multidisciplinary support reflects the confidence and trust the medical community places in the education, skills, and professionalism of board-certified athletic trainers.
		• **Grounded in Fact**: The points presented above are not merely opinions—they are grounded in objective facts: the rigor of educational programs, regulatory recognition of clinical competencies, and professional endorsements from within the Commonwealth's healthcare system.
		
		While public discourse naturally invites differing viewpoints, I trust that the decision-makers will weigh the evidence carefully.	

Tyler Webb	Strong Support of Athletic Trainers Dry Needeling	Athletic trainers are licensed health care providers through the state and have a national agency with a board certification exam. We already have the ability to provide treatments that break the skin. In addition, dry needling and acupuncture are 2 very different treatments, with different goals. Athletic trainers spend years in accredited university programs to sit for the board exam, followed by specific extra education to perform dry needling, when appropriate. Athletic trainers are more than qualified to provide this service and should be permitted to do so.	4/18/25 7:46 am CommentID:233748
Sylvie T.	NO to letting unqualified people do dry needling. I was hurt by dry needling.	I live in Virginia and I was hurt by dry needling. I used to live in Florida and my shoulder was hurting. I was seeing a physical therapist and one day she said she does some acupuncture. I decided to try it. It hurt a lot and the lady told me to take pain meds after. The next day I had big bruises on my shoulder & I had low energy. I almost went to Urgent Care but decided to call the physical therapist. She told me it was normal and I should keep taking pain meds and rest. The next day I felt the same and called her again. She told me to keep with pain meds and rest & she said that it seemed like I wasn't a good candidate for dry needling. I was upset that she didn't tell me this before messing me up. I moved to Virginia a couple of years ago and my neighbor kept telling me about her acupuncturist and I finally went. When I told her about the last time I got acupuncture, she explained that was not normal and I was correct in being alarmed. The treatment I had with her was so different. No pain. After the treatment I felt so good. The next day I woke up with energy and my pain was less. I still see her to help with my aches and pains. I am scared that Virginia is thinking of letting unqualified people to do this. Please respect our safety.	4/18/25 10:23 am CommentID:233749
Michele Bauman	Yes, with approved training	Certified AT's hold master's level education and with additional training (as is required by PT's) should be granted the ability to perform dry needling.	4/18/25 11:04 am CommentID:233750
Diego Guerron, MS, LAT, ATC, DN-1	Support of Athletic Trainers performing Dry Needling	I am writing to express my support for the approval of athletic trainers performing dry needling. Athletic trainers are considered a certified health care professional who need at least 6 years of higher education (4 years of undergrad + 2 years of masters). Athletic Trainers are extensively trained in musculoskeletal anatomy, injury management, and clinical decision-making. To be a certified Athletic Trainer, one must complete a minimum of a master's degree in athletic training through an accredited program by the board of certification for the Athletic Trainer (BOC). Additionally, Athletic Trainers must be licensed through the Virginia Department of Health Professions. Athletic Trainers are highly qualified health care professionals who provide service and treatment, under the direction and in collaboration of a physician. Athletic trainers are able to do emergency IV's, lidocaine administration through injection, and suturing as the curriculum standard on any accredited program. This means that athletic trainers are thought to safely break the skin with more invasive procedures. Acupuncture is a traditional Chinese medicine technique. It focuses specific points on the body, called acupoints, connected to the flow of energy focusing on clearing up meridians in the body. By inserting needles into specific points along these meridians, acupuncture practitioners believe that your energy flow will re-balance. Acupuncture is used to treat various conditions/ diseases including pain, headaches, stress, and many other general medical conditions. Acupuncture originating from China 2000 years ago, and since then medicine has evolve. In contrast, Western medicine has a different point of view on how to use microfilament needles to ONLY treat musculoskeletal conditions, NOT general medical conditions. Needle insertion creates substantial mechanical stress on connective tissues, primarily collagen fibers. This initiates mechanotransduction (the conversion of mechanical stimuli into cellular responses). The sensation felt during needle insertion reflects this strong mechanical interaction. Mechanotransduction activates fibroblasts and other cells via focal adhesions. Intracellular signaling pathways (e.g., Rho/Rac GTPase) are activated. This leads to alterations in cytoskeletal dynamics and increased metabolism of cells in the area (muscle, fibroblast, collagen, etc.). This stimulation boosts your body's natural painkillers. Muscle tightness, strains, sprains, an overworked body needing recovery, muscle activation, swelling reduction and pain modulation are all clinical examples for the use of dry needling. As athletic trainers we work with active individuals and we are trained to prevent, assess, diagnose, and treat SPORTS INJURIES. Dry needling would allow the Athletic Training profession to provide better care/treatments to our patients by being able to specifically target a muscle or body part. As an athletic trainer that is dry needle certified, we use needle insertion points as places to stimulate nerves, muscles and connective tissue. If athletic trainers are allowed to dry needle, we would do it under a physician's order, and we would use dry needling for only sports related injuries. If I'm treating a complicated case, I would refer my patient to a more qualified professional. Athletic trainers work in conjunction with Physicians, Chiropractors, and Physical therapist, so it's a collaborative effort to have the best medical care. In my experience working in NCAA Division I sports, having a quick and effective treatment is very important. It can make the difference on an athlete's performance. Instead of making an appointment and having to wait multiple days/ weeks to have a Physical Therapist or Chiropractor dry needle an athlete, it can be done right away in the training room if athletic trainers can do it. We don't typically refer athletes to acupuncturist unless our team physician think it's needed. It would be more efficient and would allow schools to save money and paperwork. With how NCAA sports have evolved now a days the demands of our athletes have increased, there are more games with less recovery time, seasons are longer, and roster sports have been decreasing. Athletic trainers must adjust and find better ways to help the recovery process, otherwise most teams would struggle to end the season in a healthy manner. Dry needling would be a very impactful modality for athletic trainers. As a certified athletic trainer that is also certified to dry needle, we are taught to use standard precautions, use of barriers (acupuncturist do not use gloves when inserting needles), and safe injection practices when you take the certification course. Additionally, there are different type of certification for dry needling. For example, the certification I have is Foundations in Dry Needling for Orthopedic Rehab and Sport Performance (SFDN1). It's a course that only focuses on orthopedic conditions and sport performance. I took the certification course with Physical Therapists, Chiropractors and other athletic trainers. I am not trained to treat any conditions in the thoracic region (where the damage to vital organs can be done). I would have to take an advance course such as "Advanced for Orthopedic Rehab and Sport Performance (SFDN2)" or "Craniofacial and Upper Quarter Dysfunction (CUQ)" or "Lumbo-Pelvic-Hip Complex for Sport Performance (LPH)" or "Pelvic Health (PH)". As you can see, depending on what certification you take, athletic trainers and other health care professions will perform dry needling in what they are trained for and will stay in their scope of practice. Medicine is evolving every day and as health care providers, it is our job to stay updated and maintain competence and learn about new and developing areas of sports medicine. Athletic trainers need 50 CEUs every 2 years (that's more that most health care professions because we treat a wide variety of conditions). Dry needling is a technique that multiple professions use on a day-to-day basis. There are multiple modalities that can be used with different professions with the proper training. We need to put aside our differences as health care professionals, no treatment is owned by a specific profession. Just like Homeopathic and Naturopathic physicians and acupuncturists all prescribe herbs; Physical Therapists, Chiropractors, and Osteopaths all perform manipulation; and Athletic Trainers, Physical Therapists, and Chiropractors all use tape, exercise and physical agent modalities. All health care professions need to work together in order to provide the best evidence-based practices. That's why athletic trainers need to be allowed to dry needle. Sincerely, Diego Guerron, MS, LAT, ATC, DN-1	4/18/25 11:55 am CommentID:233751
Tracey Mahon	Strongly opposed to athlethic trainers doing dry needling!	As an acupuncturist required to take (and PAY for) over 2500 hrs of training in order to get a Masters Degree before I had permission to do dry needling, as well as any other needling on people, I strongly disagree with letting athletic trainers do dry needling. They do not have the extended training necessary to be safe. Accidents and injuries are becoming more prevalent with this progression of untrained health professionals encroaching in the scope of practice of acupuncturists. Dismissing the scope of practice of acupuncturists devalues the entire health profession. PT's and chiro's already crossed over into acupuncture, dry needling being another name for one of our many techniques to help people. Can I do structural manipulation and adjust people now too. It is unfair to acupuncturists to amend the requirements, but more importantly it is not protecting public safety standards.	4/18/25 4:04 pm CommentID:233755
Bluebird Acupuncture, Inc. President Nell Carr-Young, L. Ac.	NO to 18VAC85-120-110, granting ATs authority to dry needle/use acupuncture techniques	On behalf of Bluebird Acupuncture, Inc. and our licensed acupuncturists, we respectfully oppose the proposed amendment to 18VAC85-120-110, which seeks to grant licensed athletic trainers the authority to perform dry needling following training and physician screening. Dry needling is an invasive procedure involving the insertion of filiform needles into myofascial trigger points and other soft tissue structures to relieve pain and dysfunction. While it is often distinguished from acupuncture in terminology, the technique is fundamentally identical to acupuncture as defined in traditional and contemporary medical practice. Allowing athletic trainers—who do not possess the requisite education, clinical training, or licensure in acupuncture—to perform this procedure poses significant risks to public health and safety. **Concerns Regarding Patient Safety & Proper Training** 1. Insufficient Training Standards: Athletic trainers undergo extensive training in musculoskeletal assessment and rehabilitation, but their education does not include the rigorous study of needling techniques, pulse diagnosis, acupuncture points, meridian theory, or safety protocols for needle insertion that licensed acupuncturists undertake. The proposed amendment does not specify adequate training standards to ensure the safe and effective practice of dry needling by athletic trainers. 2. Risk of Injury and Infection: Improper needling techniques can result in serious complications and life-threatening incidents, including nerve damage, pneumothorax, infection, and excessive bleeding. Licensed acupuncturists in the state of Virginia undergo a minimum of 1,900 hours of comprehensive training, including needle insertion safety, sterilization	4/19/25 1:55 pm CommentID:233780

		techniques, and extensive supervised clinical practice. The proposed amendment does not ensure equivalent or sufficient training standards for athletic trainers to mitigate these risks. 3. Lack of Regulatory Oversight: The practice of acupuncture, including dry needling, is prescribed under Virginia law and regulated by the Board of Medicine's acupuncture regulations. Allowing athletic trainers to perform dry needling under a separate regulatory structure, without the same rigorous oversight required of licensed acupuncturists, creates a dangerous precedent that compromises patient safety. Licensed acupuncturists in Virginia also maintain national board certification that further ensures patient safety with ongoing recertification requirements and a national ethics and disciplinary review process. **Legal & Professional Scope of Practice Issues** 1. Violation of Scope of Practice: Athletic trainers are not currently authorized under Virginia law to perform invasive procedures involving needle insertion. Expanding their scope of practice to include dry needling would require clear legislative action (similar to physical therapists in § 54.1-3482), rather than a regulatory amendment, to ensure proper accountability and public protection. The side-by-side definitions (§ 54.1-2900) of the practice of acupuncture and the practice of athletic training clearly delineate the use of needles for acupuncturists and not athletic trainers. 2. Public Misperception and Consumer Confusion: Patients seeking dry needling may not be fully aware of the differences in training and qualifications between licensed acupuncturists, physical therapists and athletic trainers. This amendment could lead to consumers receiving treatment from inadequately trained practitioners, thereby undermining public trust in regulated healthcare professions. Given the substantial risks associated with inadequate training, the potential for patient harm, and the need to uphold professional standards in healthcare, Bluebird Acupuncture, Inc.strongly opposes the proposed amendment to 18VAC85-120-110. We urge the Board to reject this petition and uphold the current regulatory framework, which ensures that invasive needling procedures remain within the scope of appropriately trained and licensed healthcare providers.	
Amanda Hood, VUIM	No to ammendment 18VAC85-120-110	I do not support the ammendment allowing non acupuncturists to dry needle patients. Acupuncturists study for 3 years as a full time student to cultivate the skill of inserting needles into patients' body to ease physical ailment. Inserting a needle to another person should be very carefully done after thorough training. The usual 2-3 days of certificate courses that allow physical therapists to dry needle endanger the safety of patients. Please consider rejecting the amendment to continue to protect " Do no harm"	4/19/25 8:20 pm CommentID:233782
Jonny Ruel	NO to ATs doing dry needling	Allowing trainers to practice dry needling with so little training would be a risk to public health.	4/20/25 9:30 am CommentID:233786
Ahad Anayat	No More Loopholes to Avoid Acupuncture Training!	When one uses a needle to release muscle, one is using acupuncture, even if you call it dry needling. When the state allows PTs and AT's to utilize dry needling under their scope of practice, they are allowing people to avoid the licensed acupuncture laws and guidelines in the state. This is dangerous and should not be allowed. It is also potentially harmful as PTs and ATs are not required to have as much training as acupuncturists are required to have.	4/20/25 1:54 pm CommentID:233787
Nellie Crowder	Dry Needling	NO to AT performing Dry Needling!!	4/21/25 6:50 am CommentID:233791
Renee, FBT and VUIM instructor	Please do not give athletic trainers access to acupuncture needles	There is a misconception that acupuncture needles are harmless. Yet, acupuncture is overseen by the Board of Medicine and take years of study b/c of its complexity and potential for harm. Giving more people access to acupuncture needles without years of training potentially harms patients. While athletic trainers are highly trained in athletic training, they are not highly trained in how needles impact the muscles or how acupuncture is working with channels and pathways to alleviate pain. It's easy to think that needles are what makes the difference in treatment. However, it's the years and years of training that is what makes the difference in treatment. It's the training that teaches channels, and points, and Microsystems, and point pairs that make acupuncture work. We are under the Board of Medicine, because we are medial providers. Our needles are a tool we use as part of our care. It's our training of where to put the needles and how that is what makes the care work. Please recognize that giving access to these needles to non medical providers is risky for patients and diminishes the medical profession of acupuncture. Thank You, Dr. Renee Lee	4/21/25 9:59 am CommentID:233793
Kelly Lumpkin	Yes, Support ATC	As a certified athletic trainer, I write in **strong support** of proposed regulation 18VAC85-120-110. For 15 years I served the collegiate population as a head athletic trainer and an educator. I am currently practicing as needed around my fulltime position as an educator of athletic training for 10 years. I have seen firsthand the positive impact of dry needling on myself for pain reduction, improved mobility, and accelerated recovery. I have provided lectures on dry needling at the Virginia Athletic Training Association symposium. I have written a scientific paper on how dry needling can positively impact plantar fasciitis. I have also received certification in dry needling. It is my desire to safely, effectively and confidently perform dry needling on those in need of physical recovery. Modality safety is a consistent emphasis regardless of the type of modality used within the field of athletic training. I have taught modalities to students for years and I feel our students are being well prepared to delivery this level of care and treatment to their respective populations. Students are being educated on Intravenous injection administration (which VA state board has approved). If done correctly I feel dry needling is less invasive than IV administration. Additionally, the governor of VA allowed athletic trainers to give COVID-19 vaccines. Acceptance of this regulation reflects the current practice for athletic trainers across America and would correspond with educational standards for athletic trainers. Athletic trainers that are well trained in dry needling are qualified as healthcare practitioner based on their foundational knowledge of anatomy, neuromuscular function, assessment and rehabilitation standards. Additionally, athletic trainers work under the supervision of physicians and with other allied healthcare professions, which provides a strong framework for oversight and collaboration in care. As an educator, researcher, practitioner, and VA resident, I don't see this decision impacting acupuncturist based on theory and application variables. My patient population is primarily young active college students dealing with musculoskeletal injuries. Allowing ATs to perform dry needling expands access to timely, effective treatment for their patients. As a first line healthcare provider similar to nurse practitioners, and physician assistants' improvement is care could lessen the financial burden for the patient and the public. The proposed regulation appropriately includes educational and competency standards to uphold patient safety, which is paramount. I sincerely hope that legislators will see the merit in positively voting for this legislation. Sincerely, Kelly Lumpkin, PhD, ATC, LATC, CIDN	4/21/25 10:46 am CommentID:233795
Xin Zhang	No to Ats doing dry needling	It is not safe for public health.	4/21/25 12:39 pm CommentID:233797
Alexandra Watkins	NO to 18VAC85-120-110	Please vote **no** on 18VAC85-120-110, which proposes expanding the scope of practice to allow athletic trainers to perform orthopedic acupuncture, also known as dry needling. This is a matter of patient safety, training integrity, and professional standards. Licensed acupuncturists complete a rigorous master's-level program that includes years of focused education, medical oversight, and clinical training. We are nationally certified, maintain licensure through over 60 hours of continuing education annually, and are specifically trained in Clean Needle Technique to safely and effectively insert and remove acupuncture needles for therapeutic benefit. Athletic trainers, while skilled in their own field, complete a bachelor's-level education with no comparable depth in needling, diagnosis, or safety protocols related to this invasive procedure. Acupuncturists are already widely accessible to the public and well-equipped to collaborate with sports medicine teams when needed. I have personally witnessed patient injuries and heard troubling feedback following the expansion of dry needling to physical therapists in the last decade. Patients have reported bruising, sharp pain, and a worsening of their original condition. Many have shared stories of family members or friends who now refuse to consider acupuncture at all—because of painful, negative experiences with improperly trained providers. Acupuncture has maintained an exceptional safety record precisely *because* of the high level of training and oversight required for licensure. The more this standard is diluted, the more injuries and adverse events we will see. You wouldn't show up at an acupuncture office expecting to create a personalized injury plan for a football player—it's just as negligent to apply the logic the other way. Please protect public safety and professional integrity by voting **no** on this proposal.	4/21/25 1:09 pm CommentID:233798
Edward J Sedory	Support for Athletic Trainers and Dry Needling	Dry needling has emerged as a valuable therapeutic technique in the management of musculoskeletal pain and dysfunction. As healthcare evolves, it's imperative to assess and adapt scopes of practice to meet patient needs effectively. I support the inclusion of dry needling within the athletic training scope of practice in Virginia. The Virginia State leadership and public should review the comprehensive education, training, and clinical competencies of ATs. By fulling understanding these components, you may also support this change. **Understanding Dry Needling** Dry needling involves the insertion of fine, filiform needles into myofascial trigger points, muscles, and connective tissues to alleviate pain and improve function. Distinct from acupuncture, which is rooted in traditional Chinese medicine, dry needling is based on Western anatomical and neurophysiological principles. It's a technique utilized by various healthcare professionals to address musculoskeletal issues. **Educational Foundation of Athletic Trainers** Certified Athletic Trainers possess a robust educational background that equips them for various clinical interventions: • **Academic Requirements**: ATs are required to obtain a master's degree from an accredited program, encompassing extensive coursework in anatomy, physiology, kinesiology, and therapeutic interventions. • **Certification**: Post-graduation, ATs must pass the Board of Certification (BOC) examination, ensuring proficiency in five domains: injury/illness prevention, clinical evaluation and diagnosis, immediate and emergency care, treatment and rehabilitation, and organizational and professional health and well-being. • **Clinical Experience**: ATs undergo rigorous clinical rotations, gaining hands-on experience in diverse settings, from sports teams to healthcare facilities. This comprehensive education ensures that ATs are well-versed in musculoskeletal anatomy, pathology, and therapeutic techniques, laying a solid foundation for integrating dry needling into their practice. **Clinical Competence and Scope of Practice** Athletic Trainers are adept at various clinical procedures that involve skin penetration and tissue manipulation: • **Wound Care**: ATs are trained in wound assessment, cleansing, debridement, and dressing, ensuring optimal healing and infection prevention. • **Injection Administration**: During the COVID-19 pandemic, many ATs were instrumental in vaccine administration, demonstrating their competence in needle-based procedures under strict aseptic techniques. • **Emergency Care**: ATs are proficient in emergency response, including airway management, hemorrhage control, and immobilization, showcasing their ability to perform invasive procedures under pressure.	4/21/25 3:21 pm CommentID:233802

		Given these competencies, integrating dry needling into the AT scope aligns with their existing skill set and clinical responsibilities. **Regulatory Landscape and Precedents** Several states have recognized the capability of ATs to perform dry needling: • **West Virginia**: The state permits ATs to perform dry needling under specific educational and supervisory conditions, acknowledging their proficiency in musculoskeletal care. • **Maryland**: Legislation allows ATs to perform dry needling upon completion of approved training, reflecting trust in their clinical judgment and skills. These precedents highlight a growing recognition of the role ATs can play in delivering dry needling services, ensuring patient access to comprehensive musculoskeletal care. **Patient Safety and Public Protection** Ensuring patient safety is paramount. Incorporating dry needling into the AT scope can be achieved with stringent safeguards: • **Standardized Training**: Mandating completion of accredited dry needling courses that cover anatomy, technique, contraindications, and emergency procedures. • **Certification and Competency**: Requiring demonstration of proficiency through practical assessments and continuing education. By implementing these measures, Virginia can ensure that ATs provide safe and effective dry needling services. **Addressing Concerns and Misconceptions** Some opposition to expanding the AT scope includes concerns about: • **Overlap with Other Professions**: While dry needling is utilized by various professionals, the focus should be on patient access and outcomes. Collaborative practice enhances care quality. • **Training Adequacy**: As outlined, ATs possess a strong educational foundation. Supplementary dry needling training can bridge any gaps, ensuring competence. • **Regulatory Oversight**: Establishing clear guidelines and oversight mechanisms will maintain high standards and accountability. By addressing these concerns proactively, Virginia can facilitate a smooth integration of dry needling into athletic training practice. Certified Athletic Trainers in Virginia are well-equipped, both educationally and clinically, to incorporate dry needling into their scope of practice. Doing so would enhance patient access to effective musculoskeletal care, promote interdisciplinary collaboration, and uphold high standards of safety and efficacy. It's time for Virginia to recognize and leverage the full potential of its athletic training professionals in meeting the evolving healthcare needs of its population.	
Nicole Allegretti	Strongly oppose	Athletic trainers do not have the training, the clean needle technique and education to safely perform dry needling. To allow them to perform this would be negligent and is putting patients in danger.	4/21/25 4:52 pm CommentID:233804
NCCAOM	OPPOSITION to Amend Rule to Permit Athletic Trainers to perform Dry Needling	April 21, 2025 Director of Legislative and Regulatory Affairs, Erin Barrett Erin.Barrett@dhp.virginia.gov Board of Medicine Regulations Governing the Licensure of Athletic Trainers Commonwealth of Virginia 9960 Maryland Drive Suite 300 Henrico, VA 23233 **RE: OPPOSITION to Amend Rule to Permit Athletic Trainers to perform Dry Needling** Dear Legislative Director Erin Barrett: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) is writing to oppose amendments to allow athletic trainers to practice dry needling/trigger point acupuncture/intramuscular therapy. "Dry needling" is an advanced and invasive procedure. In the hands of a practitioner who has received limited and/or substandard training, it has the potential to cause great harm. It can be considered safe only when performed by properly trained and experienced acupuncturists. As the only certification organization in the U.S. with nationally accredited certification programs in acupuncture and herbal medicine, the NCCAOM is represented by over 21,000 NCCAOM Board-Certified Acupuncturists™ today. Since 1982, the NCCAOM examinations have served as a gateway for the profession of acupuncture, almost all regulated states in United States require the NCCAOM examinations or NCCAOM certification as a prerequisite for state license to practice acupuncture and herbal medicine. Today, the value of NCCAOM's national examinations and certification is demonstrated by its acceptance in 46 states plus District of which represents 98% of the states that regulate acupuncture. The mission of the NCCAOM is *to assure the safety and well-being of the public and to advance the professional practice of acupuncture and Oriental medicine by establishing and promoting national evidence-based standards of competence and credentialing.* NCCAOM National Board-Certified Acupuncturists™ have practiced and documented "dry needling", for decades in the US. Dry needling is an advanced and invasive procedure. In the hands of a practitioner who has received limited and/or substandard training, it has the potential to cause great harm. It can be considered safe only when performed by properly trained and experienced healthcare professionals. NCCAOM National Board-Certified Acupuncturists™ receive hundreds of hours in the core skills required to correctly perform invasive and potentially dangerous needling techniques, assuring their competencies to insert and manipulate acupuncture needles safely. The practice of acupuncture is more than merely placing needles at various points for different conditions. Assurance of safe and effective therapeutic outcomes from acupuncture treatments relies on having a practitioner who is applying a system of medicine that uses a diagnostic and treatment approach that is significantly different from existing Western medicine practice. It is from such a knowledge base that acupuncture's full efficacy and value can be realized by the public. The NCCAOM requests that the Commonwealth of Virginia recognize the need for adequate training and licensing procedures for all health care practitioners. Clearly, acupuncture treatments such as dry needling and other complementary therapies are becoming part of the health care landscape, as evidenced by recent studies and recommendations by the National Institutes of Health. It is the sincere hope of the NCCAOM that, in the interest of public welfare and as the Director of Legislative and Regulatory Affairs of the great Commonwealth of Virginia, you **will maintain current standards preventing Athletic Trainers from performing dry needing/ trigger point acupuncture.** I hope you will find this information valuable. Please also refer to the NCCAOM Dry Needling Position Statement for additional information and consider the NCCAOM as a resource for current information about the standards of competence and practice within the field of acupuncture and herbal medicine. Please feel free to contact me by phone (703-314-2908) or by email (mlarson@thenccaom.org) if I can offer further information on this topic. Sincerely,  Mina M. Larson, M.S., MBA, CAE Chief Executive Officer *NCCAOM®* *2001 K Street NW, 3rd Floor North* *Washington DC 20006*	4/21/25 6:19 pm CommentID:233807
Anonymous	No	No! They have substandard training. This isn't safe for patients.	4/22/25 8:38 am CommentID:233811
Anonymous	No	No athletic trainers should not be dry needling. This is not within their scope of practice and acupuncturists go through 4 years of schooling (masters/doctorate level) to treat patients with needles. A patient could be seriously injured by an athletic trainer.	4/22/25 8:49 am CommentID:233812
Noah Hunter	Oppose dry needling	Oppose dry needling	4/22/25 8:55 am CommentID:233814
Anonymous	OPPOSE	Respect the education and training licensed acupuncturists obtain to perform the complex tradition of acupuncture to promote health. Needling should not be co-opted to fit a medical paradigm that does not respect its origins and capabilities.	4/22/25 8:56 am CommentID:233815
Anonymous	Oppose	Oppose	4/22/25 9:01 am CommentID:233816
David fay	No	Athletic trainers should not be allowed to dry needle. This can endanger patient safety as skillful use of needles requires significant education.	4/22/25 9:08 am CommentID:233817
Kelsey Irvin	Athletic Trainers should not be allowed to needle	This undermines the acupuncture profession and puts the patient at risk.	4/22/25 9:10 am CommentID:233818
Lissa Juedemann	Oppose	Oppose athletic trainers doing dry needling.	4/22/25 9:16 am CommentID:233819

Jennifer Minor	Strongly oppose dry needling for athletic trainers	It takes hundreds of hours of education and hundreds of hours of SUPERVISED NEEDLING PRACTICE to ensure the safety of patients. Acupuncturists go through rigorous 4-year programs to fully understand the complex conditions and risks associated with needling. I personally have had numerous patients come to me who were INJURED by dry needling performed by chiropractors or physical therapists — there is zero reason for athletic trainers (who have had even less education) to be allowed to use needling techniques that can significantly harm patients. Please OPPOSE dry needling for athletic trainers, to protect public safety.	4/22/25 9:26 am CommentID:233820
Jake Goldman	Strongly Oppose	Needling is a tool that requires lengthy study and understanding to be an effective and SAFE treatment. Moving forward with this act is reckless and endangers the public.	4/22/25 10:06 am CommentID:233823
Paul Hamlett	I❖m opposed	I'm opposed to athletic trainers dry needling.	4/22/25 10:45 am CommentID:233826
Anonymous	NO	Dry needling by athletic trainers should not happen	4/22/25 10:53 am CommentID:233827
Tobias	Fervent Opposition	I strongly oppose the proposed amendment to allow athletic trainers to perform dry needling. Dry needling is acupuncture—regardless of what it's called—and it involves penetrating the body with needles to affect change in the musculoskeletal and nervous systems. This is a powerful, invasive procedure that demands years of specialized training in clean needle technique, anatomy, physiology, and differential diagnosis—training that athletic trainers simply do not receive. Permitting undertrained practitioners to insert needles into the public puts patients at risk of serious injury, including pneumothorax, nerve damage, and infection. This amendment not only endangers public safety but also attempts to sidestep established professional boundaries by allowing a dangerous dilution of scope. It is unethical, unsafe, and irresponsible. I urge you to reject this amendment and uphold the standards of care and accountability that the public deserves.	4/22/25 11:24 am CommentID:233828
Anonymous	Against	Needling requires years of significant training and education. Without extensive courses and practice, there are huge safety and health risks.	4/22/25 11:57 am CommentID:233830
Morgan Roth	Support to ATs in Dry Needling	Athletic trainers are health care professionals highly trained in anatomy and physiology with multiple courses over the course of their education that go in depth into anatomy. Many programs out there include courses with cadaver anatomy to even further their knowledge of especially the extremities of the human body. Athletic trainers are not to be confused with personal trainers who work in gyms to improve a persons fitness level like it seems some of the individuals who have commented previously in this post have made the confusion. The scope of athletic training education has changed to include things like starting emergency IVs, lidocaine injections, and suturing which all also include puncturing of the skin. The combination of our depth of anatomical knowledge and the skill sets that include puncturing the skin, adding dry needling to our clinical skill sets will only benefit the populations that we work with.	4/22/25 5:10 pm CommentID:233832
Angela C	Strongly Opposed	It is a patient safely concern to have dry needling performed by professions without extensive invasive procedure training and licensure. Pneumothorax and other injuries are too high a cost. Leave needling to the professions that train thousands of hours.	4/22/25 9:12 pm CommentID:233836
Lori Fendell, L.Ac	Athletic trainer Dry needling	Strongly opposed. Refer to professionally trained Acupuncturists.	4/22/25 10:55 pm CommentID:233837
Jilian Baugh	Strongly oppose	Even as a current student in a master's level acupuncture program (that actually takes 3 years to complete), there is so much I did not know about acupuncture. It can be a highly invasive procedure with real risks like pneumothorax and pregnancy loss if done incorrectly. I am friends with a physical therapist who said she used to perform dry needling until she realized her training is not comprehensive enough compared to the safety concerns she is now aware exist. She is no longer willing to risk her patient's safety, or her license for something that isn't truly part of her skillset and I greatly respect that.	4/23/25 6:59 am CommentID:233841
Victoria Christian	Protect patients!	Require professional training for use of class II medical devices. Trainers should be required to refer clients to appropriately trained and LICENSED practitioners.	4/23/25 7:00 am CommentID:233842
Jena Hansen-Honeycutt	Yes for Athletic trainers to perform Dry Needling	Support for Dry Needling by Athletic Trainers Athletic Trainers (ATs) who have completed the necessary additional coursework to learn dry needling should be allowed to utilize this technique in their practice to enhance the quality of care provided to their patients. ATs undergo extensive education—typically five to six years—which thoroughly prepares them to deliver comprehensive health care. This education already includes training in several invasive procedures such as suturing and intravenous (IV) administration. Given this background, ATs are well-equipped to incorporate dry needling into their skill set, especially when they have also completed 54 hours of specialized, hands-on continuing education focused specifically on this modality. The Virginia state practice act already permits ATs to perform invasive procedures like suturing and IV administration. Therefore, it is both consistent and logical to allow qualified ATs to perform dry needling as well. Dry needling is a western medicine technique that has proven benefits for treating musculoskeletal conditions, and it aligns with the scope of care that athletic trainers are already authorized to provide. Expanding access to dry needling through trained ATs will improve patient access to timely, effective musculoskeletal care—particularly in underserved areas. Many neighboring states, including Tennessee, West Virginia, Maryland, and North Carolina, already allow ATs to perform dry needling, recognizing the value it brings to patient care. Allowing ATs in Virginia who meet the educational and training requirements to perform dry needling is a step forward in supporting high-quality, accessible health care for all.	4/23/25 11:01 am CommentID:233845
Brandon DeSantis	Very supportive!	Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession. Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. The NATA Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. Athletic trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer. The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited master's program.	4/23/25 11:35 am CommentID:233848
Jamie Adams	In Support	I am writing in strong support of amending the regulations in the state of Virginia to allow licensed athletic trainers (ATs) to perform dry needling as part of their scope of practice. Dry needling is a skilled, evidence-informed intervention that has demonstrated clinical efficacy in reducing pain and improving functional movement. Athletic trainers, by the nature of their education, clinical experience, and national certification standards, are highly qualified to perform this modality safely and effectively. The Board of Certification for the Athletic Trainer (BOC) acknowledges the growing legislative trend to include dry needling within the AT scope of practice, aligning with national standards and the evolving demands of sports medicine and rehabilitation care (BOC, n.d.). Furthermore, the National Athletic Trainers' Association (NATA) emphasizes that scope of practice should be based on education, training, and demonstrated competency—not arbitrary profession-based restrictions (NATA, n.d.). Several states, including West Virginia, have already recognized the competency of athletic trainers in this area and have enacted clear regulatory language allowing trained ATs to perform dry needling (West Virginia Code of State Rules, §16-5-12). Virginia should follow suit by acknowledging that properly trained ATs—through rigorous continuing education courses such as those approved by Structure & Function Education—meet the criteria to perform dry needling within their practice safely (Structure & Function, n.d.). Virginia's current regulatory framework should reflect contemporary healthcare standards and allow ATs to utilize all tools within their scope to enhance patient outcomes. The Virginia Board of Medicine must recognize this opportunity to expand access to high-quality, non-pharmacological care, especially for physically active populations who already rely on athletic trainers for injury prevention, assessment, and rehabilitation (Virginia Board of Medicine, n.d.). I urge the Board to support this necessary update to the scope of practice and allow qualified athletic trainers in Virginia to perform dry needling.	4/23/25 2:04 pm CommentID:233854
Jan Vidmar	Opposed - PROTECT PATIENTS	I am opposed to allowing athletic trainers to perform dry needling.	4/23/25 3:02 pm CommentID:233856
Katherine Yonkers	OPPOSE	Acupuncture should be done by properly trained and licensed acupuncturists.	4/23/25 3:03 pm CommentID:233857
Maegan	Oppose	**Opposition** I strongly oppose the proposed amendment to allow athletic trainers to perform dry needling. Dry needling is acupuncture—regardless of what it's called—and it involves penetrating the body with needles to affect change in the musculoskeletal and nervous systems. This is a powerful, invasive procedure that demands years of specialized training in clean needle technique, anatomy, physiology, and differential diagnosis—training that athletic trainers simply do not receive. Permitting undertrained practitioners to insert needles into the public puts patients at risk of serious injury, including pneumothorax, nerve damage, and infection. This amendment not only endangers public safety but also attempts to sidestep established professional boundaries by allowing a dangerous dilution of scope. It is unethical, unsafe, and irresponsible. I urge you to reject this amendment and uphold the standards of care and accountability that the public deserves.	4/23/25 3:09 pm CommentID:233858
Kerry	Against allowing trainers to needle individuals.	Against the ability for athletic trainers to needle people. They significantly lack the education and knowledge to needle patients/individuals and this will directly put people at risk and cause harm to those who effectively and safely provide this type of care and medical treatment.	4/23/25 3:10 pm CommentID:233859
carlos d.	dry needling for athletic trainers	No	4/23/25 3:11 pm CommentID:233860
Dr. Jenniffer Conte, DACM, L.Ac	OPPOSE	I oppose athletic trainers performing dry needling. Acupuncture & dry needling should only be performed by board certified, licensed and trained acupuncturists. If you want the ability to do acupuncture & dry needling, then enroll in a fully accredited acupuncture program!!! Stop trying to lower the standards for acupuncture and dry needling!	4/23/25 3:14 pm CommentID:233861
Shea H Thompson	Oppose Athletic Trainers Dry Needling	Acupuncture requires a minimum of 3 years of training and a master's degree to be licensed. Training for PTs and DCs in their profession is about the equivalent amount of time. It is a safety issue for the public to allow athletic trainers to use dry needling. It is easy to, for example, cause a pneumothorax if the person is not adequately trained. In addition, there are effects of acupuncture points that go well beyond the specific area being needled.	4/23/25 3:21 pm CommentID:233863
Mary Burke-Pitts	Oppose dry needling for athletic trainers	I am in support of licensed Virginia acupuncturist's work to keep acupuncture safe for their patients and the public. Many of us know of the injuries created by substandard training for dry needling. I oppose dry needling for athletic trainers. I support acupuncture by licensed acupuncturists.	4/23/25 3:25 pm CommentID:233864
Kerri Westhauser DACM, L.Ac.	Oppose	I am in support of licensed Virginia acupuncturist's work to keep acupuncture safe for their patients and the public. Many of us know of the injuries created by substandard training for dry needling. I oppose dry needling for athletic trainers. I support acupuncture by licensed acupuncturists.	4/23/25 3:31 pm CommentID:233865
John MCGIMSEY	NO to 18VAC85-120-110	No to 18 VAC85-120-110 Athletic Trainers should not do dry needling or any needling. Thay should have an acyupuncture degree.	4/23/25 3:31 pm CommentID:233866
Dr. Heidi Branlund	OPPOSE	Irresponsible, and a danger to the public.	4/23/25 3:32 pm CommentID:233867
Keith Loop, OMD, LA.c.	Oppose	I strongly oppose athletic trainers being able to dry needle and support licensed Virginia acupuncturist's work to keep acupuncture safe for their patients and the public. There is a grave risk of injuries created by substandard training for dry needling in addition to diluting the profession that has required years of training and substantial money to accomplish and complete. Diluting effectiveness of the medicine diminishes perception and infringes on critical scope of practice violations. Most importantly, it encourages an environment for substandard results that costs patients money and possibly injury.	4/23/25 3:37 pm CommentID:233868
Amy Holman	Oppose dry needling for	For safety do not allow trainers to needle people. Without proper training this can cause major injury	4/23/25 3:42 pm

	trainers		CommentID:233869
Anonymous	Opposed. Public health hazard/risk.	'Dry needling' is a term used to manipulate the public's perception and by-pass acupuncture licensing laws, when in fact, acupuncture needles are being used. All needles are dry. The term is bogus. Without proper knowledge of channel flow, point combinations, complex chinese/japanese medical theory, cultivation and YEARS of clinical training, dry needling is a very dangerous practice to the public at large and an insult to licensed acupuncturists everywhere who have worked so hard and put their heart and soul into treating patients with the utmost respect and care. 'Dry needling' providers, other than acupuncturists, including physical therapists, chiropractors, medical doctors, veterinarians, and now athletic trainers should be prohibited by LAW in every US State unless individuals have gone through acupuncture school and graduated from an accredited school and passed the board examinations. Respectfully, Kristi A Joyce	4/23/25 3:43 pm CommentID:233870
Kelly Welch	OPPOSE	Oppose to ensure public safety	4/23/25 3:56 pm CommentID:233871
Licensed Acupuncturist	NO to athletic trainers performing dry needling!	If trainers are allowed to perform dry needling, they WILL hurt people.	4/23/25 3:59 pm CommentID:233872
Lijie McGimsey	NO to 18VAC85-120-110	Athletic Trainers should not be needling at all without LAc. degree.	4/23/25 4:00 pm CommentID:233873
Anonymous	SUPPORT	I SUPPORT the application and use (competence and proficiency) of dry needling by Athletic Trainers.	4/23/25 4:01 pm CommentID:233874
Janelle	Oppose	In opposition of dry needling due to limited training, knowledge and practice which puts patients at risk of injury.	4/23/25 4:15 pm CommentID:233875
Robert C Lawrence	Opposed to Athletic Trainers performing Dry Needling	I am opposed to entities such as Athletic Trainers performing medical interventions such as dry needling.	4/23/25 4:21 pm CommentID:233876
Tory	Oppose athletic trainers performing dry needling, Public safety risk!!!	Athletic trainers should NOT be allowed to perform dry needling. That is a speciality that requires extensive training and is beyond their scope of practice. Without proper training and supervision there are health risks to the patients including but not limited to nerve damage and pnuemothorax if the dry needling is performed incorrectly. Which the liklihood is very high if poorly trained people are performing it. Besides being a public safety hazard, it also jeapordizes professions such as highly trained and qualified acupuncturists. And less trained chiropractors and physical therapists.	4/23/25 4:21 pm CommentID:233877
Dr. Julie Barefoot, Duke Health	Oppose Minimally Trained Professionals to Practice Needling	I am trained in both Acupuncture(DAOM and L.Ac) and have taken the Dry Needling certification. When a large portion of a dry needling course covers how to document to save yourself from a malpractice suit, you know there is a problem. In my 8 years of Acupuncture training, I never discussed how to word things in a chart to avoid a lawsuit. Do you know why? Because we were taught safety first. That was not at all my experience with the dry needling courses.	4/23/25 4:27 pm CommentID:233878
Nicole McLaughlin	About athletic trainers performing dry needling	To the Virginia Board of Medicine, Thank you for taking the time to read our comments. I am writing to express my strong opposition to Athletic trainers being allowed to performing dry needling in Virginia and I urge you to vote NO. The training is inadequate and is simply not safe for patients and the public to receive dry needling. There are a number of reports of people who have received dry needling for pain relief and it made their medical condition worse. Athletic trainers will not be undergoing any more training than physical therapists or acupuncturists, but most likely less. As a licensed acupuncturist in Washington DC, I went through 3.5 years of graduate school specifically for acupuncture with 2 years of clinical supervision, and passed 3 national board exams in order to perform acupuncture, as a medical specialty. Dry needling is not a simple technique. I ask you to please vote no on this proposed bill. Thank you for your time and your service.	4/23/25 4:35 pm CommentID:233879
Shelley Cerny	Good God. NO.	Why would Athletic Trainers have access to your body's interior? They aren't doctors, they aren't healers. They are educators. Let's keep boundaries in place here and let them keep their work outside the body.	4/23/25 4:41 pm CommentID:233880
Carol Ramsey	Opposed to athletic trainers using dry needling	This legislation would permit inadequate educated therapists to perform substandard acupuncture; thereby, compromising standard of care.	4/23/25 4:46 pm CommentID:233881
Anonymous	ATCs Dry Needling	Yes to ATCs Dry Needling	4/23/25 4:57 pm CommentID:233882
DM	Oppose	Strongly oppose	4/23/25 6:10 pm CommentID:233884
Anonymous	Oppose!	This undermines the safety of the acupuncture profession.	4/23/25 7:44 pm CommentID:233887
Emily Mann	Oppose! Dry needling is acupuncture, is dangerous without very in-depth training	Hi there, I have seen pneumothoraxes due to dry needling by PTs. They do not receive enough training. There is no way athletic trainers should be allowed to dry needle. They can't draw blood. Why do you think it's safe for them to needle at all, with what, a weekend course? Licensed acupuncturist spend two years in supervised clinical training so they know how to needle people safely. Underlying anatomy is complex. PTs are causing damage with dry needling. Athletic Trainers have less anatomy and western biomedicine training. It is guaranteed they will cause damage in patients if this bill is allowed to pass.	4/23/25 7:57 pm CommentID:233888
Anonymous	Yes- ATCs Dry Needling	I'm a certified and licensed ATC, with 6 years of education within my profession and many years under my belt. I have been dry needling for over 4 years(throughout different states), and I have been trained to do IVs. Dry needling has helped my patients and has given them the ability to do what they love. I am not a danger to my patients (as some comments have said),but I have been a strong support due the skills I have developed and nurtured through my time as a ATC.I took multi- level courses in order to dry needle along with physical therapist and other health care providers in the same class. Let athletic trainers dry needle, as long as they've taken the certification classes in order to dry needle.	4/23/25 9:25 pm CommentID:233890
Licensed Acupuncturist	"Dry needling" is hijacked Acupuncture	From ancient times Acupuncturist have performed acupuncture on trigger points or what we refer to as ashi points. Calling it "dry needling" is clearly a cowardly hijacking of acupuncture under the guise of a different name without the acupuncture training. This is an example of a pathetic grasp to rename, reclaim an ancient practice that has survived the tests of time. Of course all of the AT's and PT's, etc on this petition are ALL in support of this therapy (ACUPUNCTURE).... IT WORKS, acupuncturists all know this. Non-acupuncturist: (wo)man up, come clean and call it what it is AND get the training to practice Acupuncture legally.	4/23/25 10:16 pm CommentID:233892
Licensed Acupuncturist	Oppose AT's practicing "dry needling" originally known as ACUPUNCTURE	I oppose this ruling of allowing AT's to practice dry needling.	4/23/25 10:23 pm CommentID:233894
Will Smith - EMS/ED Physician	Support Athletic Trainers in Dry Needling skillset	Bottom line: Add Dry Needling to the Athletic Traienrs' State Practice Act Athletic Trainers could improve treatment of patients with adding dry needling to their skill set. There is little risk and great benefit. There is ample literature to support! Dr. Will Smith, MD, Paramedic, FAEMS References 1. Virginia Board of Medicine. (n.d.). Athletic Trainers. Retrieved from Virginia Board of Medicine 2. West Virginia Code of State Rules, Series 16-05, Section 16-5-12. Dry Needling. Retrieved from Justia US Law 3. National Athletic Trainers' Association. (n.d.). Scope of Practice: Factors to Consider. Retrieved from NATA 4. Board of Certification for the Athletic Trainer. (n.d.). Trends in Legislation: Dry Needling and Insurance. Retrieved from BOC 5. Structure & Function Education. (n.d.). Continuing Education Units (CEUs) - Dry Needling. Retrieved from Structure & Function	4/24/25 2:14 am CommentID:233896
Anonymous	Yes for Athletic Trainers dry needling	I read every comment here as of 8am on 4/24/25. There are many with misconceptions as to who and how Athletic Trainers are educated. Prior to commenting, I did further research into the education of Accupuncture. Both Athletic Trainers and Acupuncture are licensed by the Virginia Board of Medicine, both require continuing education (although different amounts - AT requires 50 hours every 2 years; acupuncture requires 60 hours every 2 years). I read many comments that listed the hours needed for acupuncture - between 1800-2000, although a significant percentage of those hours are for herbology and other aspects of acupuncture, while not a bad thing, it isn't pertaining to the question at hand. Athletic Trainers are required to complete a nationally accredited, Master's level, education program and pass a national certification exam (BOC). This program is based on the medical model with significant hands on learning. Athletic Trainers are asking for dry needling for musculoskeletal injuries in the active population, not to be acupuncturists. Athletic trainers have extensive training in anatomy, physiology, kinesiology, evaluation, treatment and rehabilitation, plus emergency care. In Virginia, Athletic trainers are allowed invasive procedures, including IV access, lidocaine injection, sutures & staples, as well as vaccine injections during COVID19. There is an overlap of skills between Athletic Trainers and acupuncturists, just as there is an overlap of skills between many medical providers. As healthcare evolves, we need to assess and adapt to the needs of patients. I have included a friend's note below for more information: Dry needling has emerged as a valuable therapeutic technique in the management of musculoskeletal pain and dysfunction. As healthcare evolves, it's imperative to assess and adapt scopes of practice to meet patient needs effectively. I support the inclusion of dry needling within the athletic training scope of practice in Virginia. The Virginia State leadership and public should review the comprehensive education, training, and clinical competencies of ATs. By fulling understanding these components, you may also support this change.	4/24/25 8:34 am CommentID:233897

		Understanding Dry Needling Dry needling involves the insertion of fine, filiform needles into myofascial trigger points, muscles, and connective tissues to alleviate pain and improve function. Distinct from acupuncture, which is rooted in traditional Chinese medicine, dry needling is based on Western anatomical and neurophysiological principles. It's a technique utilized by various healthcare professionals to address musculoskeletal issues. Educational Foundation of Athletic Trainers Certified Athletic Trainers possess a robust educational background that equips them for various clinical interventions: • Academic Requirements: ATs are required to obtain a master's degree from an accredited program, encompassing extensive coursework in anatomy, physiology, kinesiology, and therapeutic interventions. • Certification: Post-graduation, ATs must pass the Board of Certification (BOC) examination, ensuring proficiency in five domains: injury/illness prevention, clinical evaluation and diagnosis, immediate and emergency care, treatment and rehabilitation, and organizational and professional health and well-being. • Clinical Experience: ATs undergo rigorous clinical rotations, gaining hands-on experience in diverse settings, from sports teams to healthcare facilities. This comprehensive education ensures that ATs are well-versed in musculoskeletal anatomy, pathology, and therapeutic techniques, laying a solid foundation for integrating dry needling into their practice. Clinical Competence and Scope of Practice Athletic Trainers are adept at various clinical procedures that involve skin penetration and tissue manipulation: • Wound Care: ATs are trained in wound assessment, cleansing, debridement, and dressing, ensuring optimal healing and infection prevention. • Injection Administration: During the COVID-19 pandemic, many ATs were instrumental in vaccine administration, demonstrating their competence in needle-based procedures under strict aseptic techniques. • Emergency Care: ATs are proficient in emergency response, including airway management, hemorrhage control, and immobilization, showcasing their ability to perform invasive procedures under pressure. Given these competencies, integrating dry needling into the AT scope aligns with their existing skill set and clinical responsibilities. Regulatory Landscape and Precedents Several states have recognized the capability of ATs to perform dry needling: • West Virginia: The state permits ATs to perform dry needling under specific educational and supervisory conditions, acknowledging their proficiency in musculoskeletal care. • Maryland: Legislation allows ATs to perform dry needling upon completion of approved training, reflecting trust in their clinical judgment and skills. These precedents highlight a growing recognition of the role ATs can play in delivering dry needling services, ensuring patient access to comprehensive musculoskeletal care. Patient Safety and Public Protection Ensuring patient safety is paramount. Incorporating dry needling into the AT scope can be achieved with stringent safeguards: • Standardized Training: Mandating completion of accredited dry needling courses that cover anatomy, technique, contraindications, and emergency procedures. • Certification and Competency: Requiring demonstration of proficiency through practical assessments and continuing education. By implementing these measures, Virginia can ensure that ATs provide safe and effective dry needling services. Addressing Concerns and Misconceptions Some opposition to expanding the AT scope includes concerns about: • Overlap with Other Professions: While dry needling is utilized by various professionals, the focus should be on patient access and outcomes. Collaborative practice enhances care quality. • Training Adequacy: As outlined, ATs possess a strong educational foundation. Supplementary dry needling training can bridge any gaps, ensuring competence. • Regulatory Oversight: Establishing clear guidelines and oversight mechanisms will maintain high standards and accountability. By addressing these concerns proactively, Virginia can facilitate a smooth integration of dry needling into athletic training practice. Certified Athletic Trainers in Virginia are well-equipped, both educationally and clinically, to incorporate dry needling into their scope of practice. Doing so would enhance patient access to effective musculoskeletal care, promote interdisciplinary collaboration, and uphold high standards of safety and efficacy. It's time for Virginia to recognize and leverage the full potential of its athletic training professionals in meeting the evolving healthcare needs of its population I fully support Athletic Trainers access to dry needling with well established guidelines as has been done with other medical professions in Virginia (ex. PT).	
david m blaiwas	Oppose Athletic trainers being allowed to perform Dry Needlingt/Acupundture	Licensed Acupuncturists must complete a 3-4 year program of study accredited by a US regulatory agency before they can even apply for a medical license to practice acupuncture. These programs entail hundreds of hours of theory and clinical practice in needling, and the physiological implications and dangers of penetrating the body with needles. Athletic trainers, and any other profession, MUST be required to complete this same level of training and practice to insure public safety. There are many reports and incidents of under-trained professionals utilizing needles causing extreme harm to clients. Medical Board's nationwide are charged with protecting the health and safety of the public above all else. Allowing undertrained professionals to perform Dry Needling/Acupuncture or any technique that is invasive to body is irresponsible, and a clear threat to public safety. Please research reports of pneumothorax, prolapsed organs, internal infections caused by needle insertions, and you will find the majority of these incidents were caused by undertrained practitioners using needles.	4/24/25 9:22 am CommentID:233898
Michelina Kraus	Oppose dry needling	As an acupuncturist I oppose dry needling to be performed by anyone other than a nationally board certified Acupuncturist. This not only hurts our profession but gives our profession a bad name. Those performing dry needling who are not licensed acupuncturists do not understand the ramifications of the energetics that come along with the modality. It also read in our original texts the state of a muscle twitching is sometimes essential for the intent of reaching "da chi".	4/24/25 9:41 am CommentID:233899
Becky Sheftall L.Ac	OPPOSE	I OPPOSE any non-licensed Acupuncturist without a Master degree or higher from performing Acupuncture. Dry Needling is acupuncture being performed by persons without Acupuncture licensure. This is a MAJOR infringement upon the rights of Acupuncturists! I do not perform chiropractic adjustments as an acupuncturist, nor do I counsel patients on exercise therapies.	4/24/25 10:06 am CommentID:233900
Dr. Ryan Kiser, PT, DPT, ATC, SCS, CSCS	Yes to Athletic Trainers performing Dry Needling as Qualified Healthcare Providers	As a dual credentialed athletic trainer and physical therapist who dry needles patients daily, I can say that the education that athletic trainers receive is enough to qualify them to dry needle their patient population. Athletic trainers are licensed healthcare providers who have spent significant education hours on human anatomy, kinesiology, biomechanics, and modalities. Athletic training programs require at least 8 credit hours of anatomy and physiology, giving students knowledge of the musculoskeletal system, nervous system, cardiovascular system, respiratory system, etc. making them more than capable of identifying the affected muscle/tissue that they are palpating and knowing what nerves, vascular tissue, or organs are in the surrounding area that must be avoided. Dry needling is unsafe when the practitioner does not understand the anatomy of the above systems or when proper techniques and precautions are not implemented. Athletic trainers have a strong understanding of anatomy and physiology and with proper training in dry needling techniques through a certified dry needling course, athletic trainers are equipped to safely and effectively perform dry needling, and they should be allowed to do so.	4/24/25 11:09 am CommentID:233901
Clayton Spivey	Dry Needling Causes Unforseen Consequences	This is for those who sit in a position of power, deciding who is to give patient care. Here's the video of a PT instructor performing "dry needling." (They edited out the actual "puncture" of the lung because is was too disturbing, but you can get the idea of the "skills" of the needler when you watch the stabbing, bending, deep insertion, etc. Warning: this can make your skin crawl: https://www.youtube.com/watch?v=EWb69O__NiE 1. Acupuncture is also "dry" in that nothing in injected or withdrawn. 2. Only professionals trained in acupuncture locations/depth/clean needle technique should tend to this kind of needling. 3. PT's and chiropractors saw the wonderful effects that patients were seeing with legitimate acupuncture, and decided to "cash in" on the idea. This is a money-driven action by PT's, Chiropractors, Massage Therapists and other body-work professionals. They should be ashamed of themselves. I am a licensed acupuncturist in Maryland and in North Carolina. I, personally, use the services of other body workers, and they would NEVER do dry needling--but would refer the patient to a licensed professional, just like I would never attempt to "crack" a neck.	4/24/25 11:32 am CommentID:233902
Malina Armatys	Yes, in support of AT Dry Needling	There is a clear difference between Acupuncture and Dry Needling. It is the responsibility of the practitioners to educate the patient on differences, as always.	4/24/25 12:42 pm CommentID:233903
Anonymous	no to athletic trainers performing dry needling	The minimal training available to ATs in dry needling cannot adequately prepare them to safely perform an invasive technique, which inherently carries risk. Allowing undertrained professionals to perform it diminishes the standard of care	4/24/25 1:50 pm CommentID:233904
Anonymous	Oppose	Dangerous to patients and discredits the acupuncture profession as a whole, marginalizes what acupuncture is and how much training is involved.	4/24/25 1:51 pm

			CommentID:233905
Ashley Johnson	Support ATs dry needling!!	Dry needling is a minimally invasive technique that is paired with many great results and lots of research to support positive results. If you practice safe and proper treatment and there should be no issues!!	4/24/25 5:54 pm CommentID:233906
Caleb Moreau	Yes for ATs to Dry Needle!	Such a helpful and effective treatment option with so much versatility. Athletes will definitely benefit from ATs adding this to their tool bag!	4/24/25 5:54 pm CommentID:233907
Patrick	Support Dry Needling for ATC	A masters student in AT. Soon to be certified. We are board certified healthcare professionals. We should be able to utilize this modality as an option for treatment. Obviously there would a certification process before use. But we should be allowed if certified and allowed under a physician order. It's done in NC with no issues.	4/24/25 5:59 pm CommentID:233908
Jamie Frye	Support!	I am an athletic trainer trained in dry needling through Structure & Function Education programming, obtained after my professional education. I was certified through an intensive, multi-day workshop that teaches fundamental skills for safe and proper needle insertion and removal, as well as evidence based strategies for therapeutic pain management for orthopedic and sport rehabilitation. Athletic trainers can safely integrate the use of dry needling through a diagnosis-focused approach to help patients with orthopedic injuries. It is used in conjunction with other therapeutic interventions to promote soft tissue healing and manage pain. Athletic trainers are master's degree trained health care professionals that take in-depth anatomy courses, many which are gross anatomy cadaver dissections during their education. Athletic training curriculums contain approximately 20 credit hours, including numerous lab credits, devoted to orthopedic examination and therapeutic intervention education. I have witnessed numerous athletic training professionals use dry needling safely in their clinical practice for several years in a University setting on thousands of patients. I strongly advocate, with my colleagues, for the inclusion of dry needling within the scope of practice for licensed athletic trainers. Dry needling is an evidence-based, minimally invasive technique used safely to treat myofascial pain and improve musculoskeletal function. Athletic trainers are highly trained healthcare professionals with extensive education on therapeutic interventions and are well-qualified to safely and effectively perform this technique. Restricting athletic trainers from utilizing dry needles limits their ability to provide comprehensive care to their patients and undermines the progression of modern, patient-centered sports medicine. Supporting the right of athletic trainers to integrate dry needling expands care and improves patient outcomes for physically active patients. It is essential for legislative and regulatory bodies to recognize the evolving scope of practice of athletic trainers, the advancements in professional education, and empower them to treat patients with evidence-informed care, including dry needling.	4/24/25 6:06 pm CommentID:233909
Nicole Adkins, MSAT	Support ATC's for Dry needling	I strongly support ATC's being able to dry needle given the certification course requirement and positive outcomes from the treatment	4/24/25 6:08 pm CommentID:233910
Steven Cole	Support Dry Needling by Athletic Trainers	Yes, Support Dry Needling by Athletic Trainers	4/24/25 6:10 pm CommentID:233911
Chris Jones, MS, LAT, ATC, CSCS	AT Dry needling	Yes and strong support for ATs that have completed training utilizing dry needling	4/24/25 6:12 pm CommentID:233912
Certified Athletic Trainer	YES TO ATHLETIC TRAINERS DRY NEEDLING	If you do not say yes to this proposal, you are saying that athletic trainers are not healthcare professionals. This is what we have been fighting to advocate about for so long. People undermining our skills and training. I would like to see an acupuncturist try to do a fraction of the things we could do. There is continuing education for a reason.	4/24/25 6:13 pm CommentID:233913
ATC, LAT, CES	In support of athletic trainers dry needling	**ATs are Healthcare Professionals** Athletic trainers (ATs) are healthcare professionals and have the education and understanding for dry needling. ATs can suture, IV access, and are working in operating rooms. For everyone who does not understand who ATs are and what ATs do, below is from the National Athletic Training Association (NATA.org). For more information bocatc.org is the national certification organization for ATs. To anyone who is voting please research ATs and know that we are healthcare professionals. What is athletic training? Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession. Who are athletic trainers? Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. The NATA Code of Ethics states the principles of ethical behavior that should be followed in the practice of athletic training. **Athletic trainers are sometimes confused with personal trainers. There is, however, a large difference in the education, skillset, job duties and patients of an athletic trainer and a personal trainer.** The athletic training academic curriculum and clinical training follows the medical model. Athletic trainers must graduate from an accredited master's program.	4/24/25 6:16 pm CommentID:233914
Monica Ewert ATC LAT BaS PES	YES to ATC's dry needling	I work in the law enforcement/ tactical setting. Dry needling would be most beneficial to the setting and the state. It's another tool to show ATC's worth.	4/24/25 6:45 pm CommentID:233915
Amber Martin	Yes to ATC dry needling	Yes to ATC dry needling	4/24/25 7:12 pm CommentID:233916
Anonymous	ATs should be able to dry needle	Dry needling is in the scope of practice for athletic trainer based on accreditation and standards of practice.	4/24/25 7:36 pm CommentID:233917
Clare	Athletic trainers should be able to dry needle!	Athletic trainers should be able to dry needle! We should be able to treat our patients to the fullest extent. Dry needling offers us to be better clinicians and do something that none of our other tools can offer	4/24/25 7:40 pm CommentID:233918
Anonymous	Support for ATC dry needling	Athletic trainers are sports medicine professionals who go through years of schooling and clinical training to provide the best care for those in athletic/industrial/military/clinical settings and being able to add dry needling to their arsenal is invaluable and helps better their clientele and improve overall patient care. All ATCs who dry needle take a rigorous course and come out with the utmost knowledge on how to perform this skill and utilize it to maximize the best patient outcomes without visits to multiple clinicians. Why would we not allow medical professionals to continue to further their education, skill set, & overall optimize patient care?!	4/24/25 7:47 pm CommentID:233919
Anonymous	YES to ATC's Dry needling!	Athletic Trainers deserve to be able to dry needle! This is an incredibly valuable tool in the athletic training profession!	4/24/25 7:53 pm CommentID:233920
Dallas Wood, PhD, ATC, CSCS	Support ATC's dry needling	The citizens of the Commonwealth of Virginia would benefit greatly by adding Certified Athletic Trainers (ATC's) to the list of licensed medical professionals that have dry needling privileges. ATC's have and extensive medical/allied health education and training curriculum under the NATA's Commision on Accreditation of Athletic Training Curriculum (CAATE). Because ATC's work under the auspices of a physician, these licensed medical professionals are already able to perform some invasive procedures, such as sutures. Dry needling would add to the ATC's capabilities in a manner that is safe for the public and also expands the number of clinicians that can help patients who need this service. Denying ATC's the ability to perform dry needling restricts access to care and would unnecessarily burden patients by forcing them to search for other health professionals to perform the service. Please support this amendment to add dry needling to the Commonwealth's many licensed ATC's.	4/24/25 8:19 pm CommentID:233921
Anonymous	KEEP DRY NEEDLING	Keep allowing us to give our patients the best care that we can!!	4/24/25 8:33 pm CommentID:233922
Anonymous	SUPPORT!	In Support of Athletic Trainers use of Dry Needling	4/24/25 8:36 pm CommentID:233923
Dr. Raven Seltzer, Back to Balance Wellness	The safety of the general public is at stake here.	I'm very upset and surprised to see this legislation up for consideration in your great Commonwealth of Virginia. It is quite unreal that you are actually considering placing needles in the hands of people who are not educated, trained or licensed as acupuncturists, and then setting them loose on athletes and other members of the community?! This is negligent at best. We have a national certification organization (NCCAOM) which protects our education standards AND the general public through the administration of 3-4 national board exams -- these are required, post-Master's degree and pre-licensing. We also have State Associations which oversee our licensing rules and procedures. Any athletic trainer who is truly interested in using acupuncture needles and giving "treatments" to their clients, is more than welcome to apply to and enroll in an accredited university/college program in order to begin their journey towards a degree and license in acupuncture, but they should not be allowed to take this massive SHORT CUT which puts the general public at risk and gives a false experience of "acupuncture" and "dry needling.:" As a doctor of acupuncture, I trained for 6 years and was required to log over 2,000 initial clinical hours seeing patients in hospital and community health care centers, under a supervisor's watchful eye. Before any of us students were allowed to use needles on patients in our school clinics, we had to have 1.5 to 2 years of training which included clean needle technique, point location, anatomy and physiology, biomedicine, actions and effects of the acupuncture points, foundations of Chinese medicine, and so much more. Dry needling is not that different than what we do. The physical therapists use acupuncture needles to deliver trigger point therapy. Though some training is required for PT's, I can tell you that I've seen many patients over the last 10 years who were injured through dry needling: patients with punctured lungs, kidneys, knicked sciatic nerves -- all because the PT's did not know enough about internal medicine and didn't know at what depth to insert the needles and at what depth to stop. And these injuries came from PT's with training. Again, I see this bid for athletic trainers to now have the right and privilege of sticking needles in other humans and I am completely puzzled as to why this is even being entertained as an idea that is "good"?? Please contact our national organization, NCCAOM, for more information on the kind of education and standards that should be required for ANYONE wanting to administer acupuncture needles to their clients or patients. Thank you for your consideration in this matter.	4/24/25 9:56 pm CommentID:233924
Anonymous	Support ATs dry needling! We are licensed healthcare providers with training!	Support ATs dry needling! We are licensed healthcare providers with training!	4/24/25 10:07 pm CommentID:233925
Kyla Varner, BS, LAT, ATC	Support Athletic Trainers Dry Needling!	I fully support Athletic Trainers dry needling with the proper training.	4/24/25 10:18 pm CommentID:233926

Shea Alheit	Yes to Athletic Trainers (who are licensed healthcare professionals) to dry needle	Certified Athletic Trainers who have taken the proper courses and education should be allowed to dry needle patients. Quite a few states already allow this in their practice acts. With proper training, we can provide this service to athletes who need this based on diagnosis and other treatments not being effective.	4/25/25 12:54 am CommentID:233927
Anonymous	Support of ATC dry needling	Yes to ATC's dry needling after completing the certification courses	4/25/25 6:23 am CommentID:233928
Amanda Caswell, George Mason University	Dry needling should be a modality ATs can use in their practice	As an athletic training faculty member at George Mason University, I support Athletic trainers using dry needling in their healthcare practice. Athletic training is a healthcare profession requiring a masters degree and intensive didactic, laboratory and clinical education. ATs utilize a variety of advanced medical techniques, and dry needling is one that with training, can greatly benefit patients. I encourage all to review the rigor of athletic training education requirements as I believe you will see they are prepared as skilled healthcare providers that utilize a variety of advanced techniques. With training, athletic trainers can utilize dry needling to achieve the best outcomes for their patients. Please support Athletic trainers using dry needling.	4/25/25 6:49 am CommentID:233929
Dale Gilbert	Dry needle	Strongly support the use of dry needling by athletic trainers	4/25/25 7:21 am CommentID:233930
Dale Gilbert	Strong Support for Dry needle	Strongly support the use of dry needling by athletic trainers	4/25/25 7:23 am CommentID:233931
Anonymous	Yes to dry needling for ATCs	As certified and properly trained health care providers, Athletic Trainers should absolutely be able to dry needle when it is warranted.	4/25/25 7:42 am CommentID:233932
Amanda Nolff	Dry needling (weekend class) is unlicensed acupuncture (4 years of training 3 board exams)	Physical therapy has never before had the legal right to insert needles. While incredibly helpful for movement therapies, they are vastly undertrained to preform dry needling (a.k.a. unlicensed acupuncture). Acupuncture is a 2800 hr + training with 800 hours of supervised internship followed by 3 national board exams. Dry needling is a weekend course. Anyone is welcome to apply for and become an acupuncturist. Even chiropractors and medical doctors are required to take 200 hours of training to become medical acupuncturists. Because the name has been deemed "dry needling" it does not change the fact that it is indeed acupuncture without proper training or certification.	4/25/25 8:38 am CommentID:233933
David Pawlowski	Athletic Training and Dry Needling	I strongly support the use of Dry Needling by Athletic Trainers in Virginia. Athletic Trainers have extensive training in musculoskeletal care and rehabilitation. Allowing Athletic Trainers to utlize dry needling can improve rehabilitative outcomes and patient care.	4/25/25 9:43 am CommentID:233934
Anonymous	Support the use of Dry Needling by Certified Athletic Trainers	I highly support the ability for Athletic Trainers to implement dry needling protocols in their treatments. Dry needling is very beneficial when used and in the hands of a certified/trained Athletic Training professional, the outcomes will be more than favorable.	4/25/25 10:01 am CommentID:233935
Danny O&#65533;Connor, MS, ATC	Support Athletic trainers to perform Dry Needling in VA	I support Athletic trainers performing Dry Needling in VA!	4/25/25 10:40 am CommentID:233936
Brice Snyder, MSAT, LAT, ATC, BCS-O	Yes: Athletic Trainers OK to Dry Needle	To All Vested Parties, Many of my colleagues have passionately explained prior to my comment here why the Board of Medicine needs to adopt language updating the modality of Dry Needling performed by a licensed Athletic Trainer, and I thank them greatly for that. Outlining dry needling in the regulation for Athletic Trainers is the correct progression in healthcare expansion and access to care and treatments. To imagine a scenario where someone who attended an in-state university, received a degree in a state approved educational program, becomes licensed to practice their trade in said state, seeks additional training, but is met with restrictions on certain aspects of their abilities I would argue only drives future healthcare providers away from potential for Virginia. Retained healthcare workers in-state, small business growth, greater access to providers because of employability. All of these potential things rely on Virginia being at the forefront of medicine and making it the best place to practice. Codifying this in the regulation will make it clear for employers (and the public) that Athletic Trainers are permitted and capable of this modality. I request the Board acknowledge favorably the regulation petition set forth by the Athletic Training profession. Thank you greatly for your time and consideration.	4/25/25 11:55 am CommentID:233937
Scott Powers MS LAT ATC	Dry Needling	Athletic Trainers that have completed the approved training are capable of performing dry needling.	4/25/25 12:14 pm CommentID:233938
Leah Dunagan	Dry needling petition	Dry needling has been the most effective method of treatment for our athletes. It would be a disservice to the student athletes if dry needling is no longer allowed for athletic trainers to administer.	4/25/25 2:05 pm CommentID:233939
Toby Wedgle	Not it support of athletic trainers using dry needling	To earn an acupuncture degree, to be able to safely practice in the U.S., we must earn over 3000 hours of training. This training includes not only the safe and responsible practice of needling, but also biomedical training and Chinese medical theory. Athletic trainers have none of this training. Therefore, it would be irresponsible and unsafe to allow them to practice dry needling.	4/25/25 2:54 pm CommentID:233941
Mary Clark	Do not support	I do not support this petition. However, I also do not support allowing athletic trainers to perform needling. Needling should be reserved for those with comprehensive, specialized training to ensure patient safety.	4/25/25 5:49 pm CommentID:233942
K. Ashley, DAT, LAT	I Support Dry Needling for Licensed Athletic Trainers	I support Athletic Trainer's lawful use of dry needling. Athletic Trainers are not personal trainers that you find in a gym. Athletic Trainers are highly trained and skilled healthcare providers who are held to the upmost educational, professional, and licensing standards. Our educational standards require classes in anatomy and physiology, therapeutics (medicine, modalities, and exercise), evaluation of illness and injury, and emergency care just to name a few. These courses help us save lives and improve outcomes of the people that we serve. As a result of our education, we have an extensive skill set that is allowed by current law, including skills that puncture the dermis such as, starting emergency IVs, suturing, lidocaine injections, and during the midst of the 2020 pandemic, athletic trainers were among other healthcare providers able to give the COVID vaccine. All modalities, including dry needling pose risk, but I trust licensed athletic trainers to implement dry needling in a manner that minimizes such risk while maximizing the patient's quality of life. I ask that you allow athletic trainers to lawfully use dry needling to benefit the populations that we serve.	4/25/25 6:34 pm CommentID:233943
anonymous	I support holistic, non-pharmaceutical options for patient care	I believe that patients deserve safe, accessible, non-pharmaceutical options for pain management and healing. Physical therapists, chiropractors, and athletic trainers trained in dry needling possess the anatomical knowledge and clinical skills necessary to safely and effectively provide this care. As a soon-to-be licensed acupuncturist, I recognize that while acupuncture and dry needling arise from different frameworks, both can play important roles in relieving suffering. In a time of national health crises and chronic pain epidemics, I stand for expanding—not restricting—patients' access to healing modalities. Healing belongs to everyone.	4/25/25 9:48 pm CommentID:233944
Michele Pye, PhD, LAT, ATC	Support for Athletic trainers to perform Dry Needling	Multiple studies evaluating the safety and best practices for dry needling all cite "accurate anatomical knowledge" as one of the most important predictors of safety when dry needling, and athletic trainers have this expertise. Athletic Trainers (ATs) are licensed Healthcare Providers who require Master's Level education, which includes substantial training in musculoskeletal anatomy, injury assessment, immediate care, and therapeutic interventions (modalities and rehabilitation). Athletic Trainers undergo rigorous supervised clinical fieldwork with our day-to-day tasks often involving palpation-based assessments, which is again critical for safe needle placement. Also, our neighboring states of Maryland, North Carolina, and West Virginia already allow Athletic Trainers to perform dry needling, along with other states across the nation. I am in full support of the VA Board of Medicine allowing ATs to perform dry needling, as athletic trainers are qualified, educated, and experienced clinicians whose scope of practice aligns with the use of dry needles.	4/26/25 5:54 pm CommentID:233945
Lisa DeSantis	Yes	Athletic trainers are board certified health care professionals who are required to report evidence based practice continuing education credits in order to maintain their licenses. This modality is well within the scope of practice.	4/26/25 6:45 pm CommentID:233946
Anonymous	I strongly oppose!!	They need to go through the necessary schooling as I did in order to practice acupuncture. This is an energetic medicine. It has been in existence for 5000 thousand years. You are taking parts of this medicine and using it not in the way it was intended. It starts with dry needling but where does it go from there. With chinese medicine we always look for the root of the problem but western medicine does not. Dry needling they could care less about the root problem and that is concerning.	4/27/25 10:55 am CommentID:233947
Anonymous	Yes to ATs	Yes to ATs Dry Needling	4/27/25 11:53 am CommentID:233948
Anonymous	Dry Needle	Let ATs dry needle!	4/27/25 12:17 pm CommentID:233949
Anonymous	Support for AT to dry needle	With proper education this is a safe treatment for musculoskeletal conditions. Dry needling is different from acupuncture and does not overlap. Any time I educate a new patient I tell them what I'm doing is not acupuncture.	4/27/25 12:44 pm CommentID:233950
Dr. Nichola StJames	Dry needling for ATs	Dry needling is a proven intervention that is minimally invasive. Athletic Trainers are musculoskeletal experts. To deny the athletic trainers the ability to offer dry needling to their patient population (which extends beyond the traditional athlete) would be a disservice to address access to care in your communities. Athletic trainers are often the first line of medical service that an individual has access to. By allowing ATs to practice under their extensive scope with their physician directives, you are expanding the capacity of the medical communities. It is my hope that these letters of recommendation for athletic trainers to practice at their full ability are received with magnanimous approval. Thank you Dr. Nichola StJames	4/27/25 12:55 pm CommentID:233951
Susannah Lichtenstein, DO. Collaborative Health Partners.	Dry Needling by Certified Athletic Trainers	Dear Virginia Board of Medicine, I am writing in support of an Amendment to the Virginia Code allowing Certified Athletic Trainers to perform dry needling, after appropriate training and certification as well as with ongoing oversight from physicians. I am a family and sports medicine physician with Collaborative Health Partners in Lynchburg, VA. I work closely with Liberty University's sports medicine team and oversee treatments performed by our athletic trainers. Dry needling is a modality that many medical providers incorporate into their treatment of these Division 1 athletes for various muscular issues. One example is a trigger point, or "knot," like many of us experience in our trap or shoulder region. Another, is a hypertonic or tight muscle (glutes, hamstrings, quads, calves) that is causing pain, decreased motion and impaired athletic performance. Dry needling is an effective treatment option for these issues. Currently, the Virginia Code regarding the Practice of dry needling does not explicitly include this within the scope of practice for athletic trainers. Instead, "physical therapist." I am writing in	4/27/25 5:02 pm CommentID:233952

		support of amending the current Virginia Code in such a way that includes Athletic Trainers. Of course, as it spells out in the current Code for physical therapists, this would involve appropriate training and certification as well as ongoing physician oversight. Thank you for taking the time to read this and help all of us take great care of our patients, including allowing athletic trainers to utilize their unique skill set. Sincerely, Susannah Lichtenstein, DO	
Breionah Seltzer	OPPOSE Dry Needling for ATCs	It's just not safe. I'm just a patient of an acupuncturist here -- and I happen to be an athlete as well. When my practitioner sent this link, I couldn't believe it! I would never allow an unlicensed, untrained ATC to use needles on me! Please do not allow this to happen in Virginia. Extensive training, a degree, certification and license should be necessary. This is what acupuncturists must go through. And even Doctor's of PT's must have an EXTRA 300-hour or more training in Dry needling. Please be cognizant of the risks to the patients, clients and to the general public! The ATC's just want a quick "add-on" service. When things are rushed through like this, it's always about profit. Please put safety first! And if ATC's want to go back to school and go through the proper channels, that's awesome! They are more than welcome. Thanks!	4/27/25 8:02 pm CommentID:233953
Frank Best, D.O.	OPPOSE ATC's to practice Dry Needling	This idea is really concerning for anyone in the healthcare profession, no matter what State you live or practice in! Word is out and I am here to oppose ATC's performing dry needling UNLESS THEY RECEIVE THE PROPER EDUCATION AND TAKE NATIONAL BOARD EXAMS anD PASS STATE LICENSING REQUIREMENTS. Plain and simple: acupuncture and dry needling are both INTERNAL MEDICINE. The minute you penetrate the surface of the skin with any instrument, you are practicing internal medicine. And anyone performing this should absolutely be required to receive extensive training in the medical sciences as well as these specific techniques themselves. I work with an acupuncturist who was required to take "Cadaver Lab" for at least one semester of her Master's degree! This is fantastic -- she knows the correct depth and angle for needle placement so as to avoid any injury to internal organs or nerves when she's inserting the needles. There is a great deal of misunderstanding and misinformation out there about these practices. Please make an effort to educate yourselves before supporting a petition like this! And please do NOT allow this to take effect in the Commonwealth of Virginia.	4/27/25 8:15 pm CommentID:233954
Anonymous	Yes, Athletic Trainers Can Dry Needle	I understand that the main complaint people have about athletic trainers dry needling is that they feel that acupuncturists should be the only medical professionals who can do it. First, acupuncture and dry needling are not the same thing. While the argument should end there, the second point is a rebuttal to those making claims that "it's not something you can learn in a weekend." Athletic trainers go to school for longer than acupuncturists, many have a masters degree, and they are licensed healthcare professionals. They are not random individuals coming in off the street and signing up to take this class. We already have the background in human anatomy and therapeutic modalities; that's a majority of what acupuncturists learn in their 2-3 year courses as well. Lastly, physical therapists also dry needle. If you're upset that more than just acupuncturists are dry needling (they're doing acupuncture, not dry needling), then the conversation needs to include all healthcare professionals who are currently using dry needling in their practice.	4/27/25 8:18 pm CommentID:233955
Anonymous	Increasing Accessibility - Pro Dry Needling for ATs	For everyone who has made the comment that athletic trainers are doing dry needling for profit or to do harm to their patients: do they understand the people we work with?? Most athletic trainers don't charge for their services, as they are employed through a high school or university. We're trying to use a range of modalities to help our patients however we can, and we're certainly not charging for it. Just trying to help; isn't that what healthcare is all about??	4/27/25 8:27 pm CommentID:233956
Anonymous	Pro ATs Dry Needling	If your supervising physician is fine signing off that you can dry needle, then I don't know why the state of Virginia would try to step in and say they can't do that. If my supervising physician wasn't comfortable with my abilities and training to dry needle, they could choose to not sign off on it.	4/27/25 8:28 pm CommentID:233957
Anonymous	ATs Are Certainly Qualified to Dry Needle	Given their training and knowledge, athletic trainers are certainly qualified to implement dry needling in their practice. Honestly, I feel as if acupuncturists are mostly upset because they have one skill, and they're upset that another healthcare professional can be so versatile and yet still more than capable of completing dry needling.	4/27/25 8:31 pm CommentID:233958
Anonymous	In Support of Athletic Trainers and Dry Needling	Athletic trainer's are recognized allied health providers by the American Medical Association. We have a national certification exam and most states require a license to practice athletic training. The definition of an athletic trainer from the National Athletic Trainer's Association website is as follows: "Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions. Athletic training is recognized by the American Medical Association (AMA), Health Resources Services Administration (HRSA) and the Department of Health and Human Services (HHS) as an allied health care profession" After reading many of the comments on this board, those opposed to athletic trainers being allowed to dry needle in the state of VA do not seem to understand what an athletic trainer does or how they are trained. Athletic trainers are NOT personal trainers. We are not suggesting someone with any random degree who took a weekend course and passed an exam with no standardization should be able to stick needles in someone. We are medical professionals trained to diagnose and rehabilitate injuries. We are first responders in the field of athletics. We receive training on general medical conditions as well so we know how to properly refer our patients to the correct professionals. We receive hundreds upon hundreds of hours of training in anatomy, physiology, evaluation and rehabilitation skills. This training occurs during supervised, hands on clinical experiences as well as structured classroom lectures and labs. We are MORE than qualified to perform the therapeutic treatment of dry needling. Please properly research the CAATE standards for athletic training education before exclaiming that athletic trainers do not have the proper skills or knowledge to perform this treatment.	4/27/25 9:48 pm CommentID:233959
Anonymous	Support for Athletic trainers dry needling	Other states allow athletic trainers to dry needle. It greatly improves access to care for so many individuals. It`s not as if they are untrained and going in blindly. Take NC for example, just to the south. The requirement is to take a course offering 50 credit hours frequently split over 2 weekends, with multiple checks on safety and proper usage throughout that course. This rigor ensures proper utilization is taught and demonstrated. Utilization of the skills does not impede upon acupuncturists, as suggested, because dry needling isn't acupuncture. The courses specifically discuss this and encourage patient education as to the proper usage of dry needling to ensure that athletic trainers are not providing unauthorized acupuncture. They simply use the same needle, but the goals of the treatments are completely different otherwise. As someone who dry needles now in NC, I cannot express how game changing it has been for my patients. I have many who indicate that the treatments have been such a game changer for their chronic musculoskeletal complaints. I don't over utilize it, "sticking people just to do it". It's all in clinical acumen and deliberate clinical reason that allows me to use this modality. I firmly believe that with proper EDUCATION, athletic trainers should be able to utilize dry needling for their patients.	4/28/25 6:47 am CommentID:233960

Jacob Manley PT, DPT, MS, LAT, ATC, CSCS	Clarification in Support of Athletic Trainers Performing Dry Needling	**Clarification in Support of Athletic Trainers Performing Dry Needling**
		
		As we continue the important dialogue regarding the proposed amendment to permit Board-Certified Athletic Trainers to perform the modality of dry needling, it is essential to address and clarify several points raised in opposition.
		
		• **Athletic Trainers Are Not Personal Trainers**: Certified athletic trainers complete a minimum of six years of higher education through university-based, nationally accredited programs. Their education follows a rigorous, competency-based approach that integrates both classroom instruction and clinical experience. Utilizing a medical-based educational model, certified athletic trainers are trained to deliver comprehensive patient care across five key domains of clinical practice:
		
		1. **Risk Reduction, Wellness, and Health Literacy**
		2. **Assessment, Evaluation, and Diagnosis**
		3. **Critical Incident Management**
		4. **Therapeutic Intervention**
		5. **Healthcare Administration and Professional Responsibility**
		
		Coursework includes advanced studies in anatomy, physiology, nutrition, therapeutic modalities, orthopedic assessment, and therapeutic exercise. In addition, students complete hundreds of hours in diverse clinical settings, ensuring they graduate with extensive hands-on experience and the skills necessary to support a wide range of patient populations.
		
		• **Training in Invasive Procedures**: Accredited athletic training programs, overseen by the Commission on Accreditation of Athletic Training Education (CAATE), require training in sterile technique and invasive procedures. This includes intravenous (IV) administration, wound closure using sutures and staples, and lidocaine injections. These competencies have been formally recognized and approved by overwhelming majorities in both chambers of the Virginia General Assembly in 2023.
		• **Virginia Board of Medicine Licensed:** Code of Virginia §54.1-2900
		• **Public Health Precedent During COVID-19**: During the COVID-19 pandemic, the Governor of Virginia, executive order number 51, authorized athletic trainers to administer COVID vaccinations—a needle-based medical procedure—based on their foundational education and with clinical training, that did conclude June of 2021. This authorization was not extended to acupuncturists, underscoring the difference in the Commonwealth's recognition of clinical competence.
		• **Dry Needling vs. Acupuncture**: Dry needling, a technique rooted in Western medicine and focused on musculoskeletal trigger points, differs fundamentally from acupuncture, which is based on Eastern medicine and meridian theory. Acupuncturists' licensure documentation defines their practice under these Eastern philosophies. If some within the acupuncture profession now claim dry needling as their own, this calls for a reassessment of their scope of practice, as it may contradict their originally defined licensure.
		• **States that Allow Athletic Trainers to Practice Dry Needling**:
		  ◦ Alabama
		  ◦ Arizona
		  ◦ California
		  ◦ Connecticut
		  ◦ Maryland
		  ◦ Florida
		  ◦ Georgia
		  ◦ Illinois
		  ◦ Iowa
		• **Support from Diverse Medical Professionals**: In reviewing public comments, a clear distinction emerges. Opposition to the amendment is largely from those within the acupuncture profession. In contrast, support for the athletic trainer comes from a broad range of healthcare professionals, including physicians, physical therapists, academic leaders, and hospital administrators. This multidisciplinary support reflects the confidence and trust the medical community places in the education, skills, and professionalism of board-certified athletic trainers.
		• **Grounded in Fact**: The points presented above are not merely opinions—they are grounded in objective facts: the rigor of educational programs, regulatory recognition of clinical competencies, and professional endorsements from within the Commonwealth's healthcare system.
		
		While public discourse naturally invites differing viewpoints, I trust that the decision-makers will weigh the evidence carefully.
			4/28/25 11:35 am CommentID:233961

Anonymous	Opposition to Dry	This legislation poses a direct threat to public safety. Improper needling techniques can lead to serious complications such as pneumothorax, nerve injury, infections, or prolonged pain.	4/28/25 12:06 pm

	Needling	Acupuncturists have thousands of hour of training to prevent these adverse outcomes by adhering to strict guidelines and protocols. Insertion of needles into the body demands a deep understanding of human anatomy, physiology, pathology, and the safety protocols necessary to prevent serious harm to patients. Acupuncturists undergo years of comprehensive and clinical training to develop the expertise to perform this technique safely and effectively. Allowing athletic trainers to perform dry needling with limited/minimal training undermines the rigorous educational and licensure standards that protect patient welfare and deliver quality care. As we strive to uphold the highest standards in healthcare, it is imperative to recognize and respect the unique expertise of each profession. Athletic trainers play an essential role in injury prevention and rehabilitation. Licensed Acupuncturists excel in the precise and sophisticated art of needling techniques. Please reconsider the implications of this legislation and take the necessary steps to protect public safety, preserve professional integrity and maintain rigorous standards for healthcare practices.	CommentID:233962
Sue Falsone	Pro Dry Needling in VA for ATs	I would like to directly address the letter from the Acupuncture Association of VA, as it is full of inaccuracies, misleading information and bias. First, they state: "Allowing athletic trainers—who do not possess the requisite education, clinical training, or licensure in acupuncture—to perform this procedure poses significant risks to public health and safety." This point is inaccurate and not proven. *A recent study in the Journal of Sports Medicine and Allied Health Science (Hortz et al., 2019) found that 89% of the tasks required for competent dry needling performance are already covered within entry-level athletic training education.* *Also there is no evidence to show that ATs dry needling increases risk to public health in any other state.* Second, they write "athletic trainers undergo extensive training in musculoskeletal assessment and rehabilitation, but their education does not include the rigorous study of needling techniques, acupuncture points, meridian theory, or safety protocols for needle insertion that licensed acupuncturists undertake". While this is true, it is misleading. *Athletic trainers are educated in western pathophysiology, anatomy and neurology. They do not need to know meridian theory, as they are not trying to practice acupuncture, which is rooted in Eastern Medicine. They are western medicine practitioners. Also, athletic trainers are well trained in much more than musculoskeletal assessment and rehab. They are educated in internal medicine, immediate care, physiology and pathophysiology, neurology, anatomy, suturing, spinal manipulation and more. I would urge you to refer to the BOC Standards of Professional Practice and the CAATE Guide to the 2020 Standards for the full scope of athletic training education* Third, they write that "the proposed amendment does not specify adequate training standards to ensure the safe and effective practice of dry needling by athletic trainers". *Via the rules process, standards for education will be implemented. Now is not the time to define that. Many states have included specific standards for education in their dry needling legislation. States including Alaska, Alabama, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Maryland, South Carolina, North Carolina, Kentucky, Tennessee, Nebraska, and Ohio, among others, have successfully integrated specific standards for training, leading to improved patient outcomes, more access to comprehensive healthcare and consumer satisfaction.* Fourth, they write "Risk of Injury and Infection: Improper needling techniques can result in serious complications and life-threatening incidents" and "Licensed acupuncturists in the state of Virginia undergo a minimum of 1,900 hours of comprehensive training". Both points are true, however again, misleading. 1. *Again, athletic trainer's education well prepares them for this skill, as the above stated paper reports 89% of of the tasks needed to safely needle is learned in school. The other 11% is easily learned with additional post graduate training.* 2. *Acupuncturists enter acupuncture school with zero training or education and therefore require fundamental training that athletic trainers already have upon completion of a CAATE accredited athletic training program as it relates to standard precautions, needle safety and use. Learning standard/ universal precautions in preparation for current athletic training standards such as suturing, IV administration, wound debridement and more are in the athletic training curriculum.* 3. *Athletic trainers are well trained in emergency care. This is one of their primary areas of study. If an accident of any kind were to occur, who better to handle an emergency than an ER physician or nurse, paramedic, and/ or an athletic trainer?* Finally, they discuss the "Lack of Regulatory Oversight" *Athletic trainers hold a license in the state of VA as well as a nationally accredited certification via the BOC. They are held to standards for continuing education and function with physician oversight and collaboration. They absolutely have safety, physician oversight and continuing education standards of practice in place.* I would encourage the Virginia Department of Health Professions to allow the amend regulations to permit athletic trainers to use dry needling.	4/28/25 2:03 pm CommentID:233963
Connie Wang, MS, LAT, ATC	Support for Athletic Trainers to Dry Needle in Virginia	Allowing athletic trainers to perform dry needling in the state of Virginia would enhance patient care by expanding access to effective, evidence-based treatment for musculoskeletal pain and dysfunction. Athletic trainers are highly educated and trained in the evaluation and rehabilitation of neuromusculoskeletal injuries, and with appropriate certification and continuing education in dry needling techniques, they can safely and competently perform this modality. Authorizing athletic trainers to utilize dry needling would improve treatment efficiency, reduce referral delays, and help optimize recovery for athletes and active individuals. Moreover, recognizing dry needling within their scope of practice aligns with the evolving healthcare landscape that emphasizes collaborative, interdisciplinary care.	4/29/25 11:40 am CommentID:233965
Mila Zimmerman	No! I am against this.	With insufficient training and a practice that is out of bounds for a personal trainer, this undermines those in eastern and western medicine who receive far more training in methods using needles.	4/29/25 12:41 pm CommentID:233966
kerry boyle	No to undertrained ATs performing DN	Hello, Dry needling is acupuncture. To perform Acupuncture one must complete a rigorous masters degree program with hundreds of supervised instruction in clinical rotations needling the public. We must also pass national licensing exams and apply for licensure in our state to perform needling. Why does one group- acupuncturists- need to go through this intensive training while another group- athletic trainers- take a weekend workshop and start experimenting on patients the following Monday? Would you want someone to stick a needle in you after a weekend workshop from a for profit continue education corporation? I suggest looking into the AMA stance on dry needling- the do not endorse it for anyone except LAc's and MD's and dry needling is not allowed by PTs in many states- NY, CA, OR and others thank you	4/29/25 3:17 pm CommentID:233969
Anonymous	Opposed!!	It is out of the scope of practice for an AT and is therefore dangerous to patients or at the very least painful. Dry needling IS acupuncture. Are you using an ACUPUNCTURE NEEDLE? Then it's acupuncture. It is said they are not using acupuncture points but trigger points and motor points are in fact acupuncture points. Leave it to the professionals (ie acupuncturists) who are trained with needles.	4/29/25 3:29 pm CommentID:233970
Anonymous	Opposed!	**I strongly oppose allowing Athletic Trainers to perform dry needling.** Dry needling is an invasive procedure that involves penetrating the skin and underlying tissues, and it requires a high level of skill, anatomical knowledge, and clinical judgment. Licensed acupuncturists receive thousands of hours of training in needling techniques, including orthopedic and trigger point approaches, with extensive education in anatomy, physiology, pathology, and patient safety. In contrast, Athletic Trainers receive minimal instruction in needling, often limited to weekend courses that do not adequately prepare them for safe, effective practice. Allowing undertrained practitioners to perform this technique poses significant risks to public health and undermines established standards of care. Patient safety must remain the top priority.	4/29/25 4:14 pm CommentID:233971
Dr. Amy Mager, DACM, L.Ac. /Federal Advocacy Chair, American Society of Acu	In opposition to AtCs performing dry needling/trigger point acupuncture	Dr needling/trigger point avupuncture are built with the same code under the AMA CPT coding for billing. Dry needling is an advanced technique that is not taught in the current curriculum for athletic trainers. License acupuncturists need 1305 Acupuncture specific hours during their four year educational program after at least 60 hours of undergraduate work. We then must take for national psychometric exams in order to be licensed to practice. This particular bill does not have significant standards necessary required for patient safety. Even the American Academy of medical acupuncture, medical physicians take a 300 hour course of approved courses that are vetted by a third-party and then they take a third-party national exam. It is not in the best interest of Patient safety to have providers take a 25 hour or even 75 hour class and then take a quiz provided by the purveyor of the class to be able to practice this invasive procedure. The Dunning- Krueger effect is in place here. Being able to provide exercises is very different than inserting filiform acupuncture needles. Licensed acupuncturist must fulfill a clean needle technique course and require requirement. That is essential for patient safety and best practices. It is vital that we look at best practices for patient standards and oppose bills with sub standard training, but do not require specific, vetted third-party courses with specific didactic standards, numbers of clinical hours, and third-party national psychiatric testing for invasive procedures. Respectfully	4/29/25 4:21 pm CommentID:233972
Beverly Bales	Permit athletic trainers to use dry needling	strong opposition to allowing athletic trainers to use dry needling	4/29/25 4:35 pm CommentID:233973
Larry Bales	Opposition to dry needling by athletic trainers	Strongly oppose allowing Athletic trainers to use dry needling	4/29/25 4:37 pm CommentID:233974
Jennifer Ashby	Opposition to athletic trainers being able to perform needling	I am very much in opposition to athletic trainers being able to perform needling. The four years of a masters program it takes for acupuncturists to understand, anatomy, including neurology and vascularity, beyond just musculature and bones, lead us to be able to needle safely understanding when it's appropriate to needle including direction, Depth, and gauge of needles, and what is appropriate needling in terms of constitution of a person. This could be detrimental to athletes if athletic trainers can insert medical devices without proper training. thank you, Jennifer	4/29/25 6:05 pm CommentID:233975
Anonymous	Oppposed to AT doing dry needling	Athletic trainers lack the education and training to essentially do acupuncture.	4/29/25 6:13 pm CommentID:233976
Dr. Sonya Patel	Why allow untrained, unlicensed people to use acupuncture needles?	It is disturbing to see the rise in fitness trainers and physical therapists use "dry needling" for their own pocket growth. As a hospital care provider, I saw patients with organ puncture, fascia tears, and tissue damage because a physical therapist was aggressive with dry needling. It is sad that patients put trust in these providers and then there is this type of damage, only acupuncturists (who have thousands of hours of training) actually know what they are doing. They are licensed and not aggressive, with needling technique knowledge and OSHA training. Stop allowing unqualified professions stick needles in people and tell them to stay in their lane. They should be able to address their patient's ailments with what they were taught in physical therapy school, not what took licensed acupuncturists years to perfect.	4/29/25 6:16 pm CommentID:233977
Sharone Franzen, LAc	Dry Needling is the same as acupuncture	I heartily oppose athletic trainers doing dry needling. It is in practice the same as acupuncture. While acupuncturists in all states receive 4 years of training, athletic trainers and physical therapists can get certified after only a few hours of training. ALL of the dangerous accidents due to acupuncture (ie pneumothorax) in this country have been the result of "dry needling" or acupuncture performed by non-acupuncturists. Patients deserve to receive safe treatments performed by qualified professionals. If trainers and physical therapists want to treat patients with acupuncture, they should go to acupuncture school and pass their state's board exams. It is the government's duty to assure this safety.	4/29/25 6:20 pm CommentID:233978

		Thank you, Sharone Franzen	
Jessica Peck-Lindsey	Opposed Dry Needling for Untrained Practitioners	Anyone who wishes to use filiform needles and insert into muscles with the purpose of alleviating pain and improving range of motion would be practicing acupuncture and needs to have a minimum of 3,000 of didactic and clinic training. Athletic trainers, unless they have completed the mandatory hours of training required for an acupuncture license, should not practice dry needling.	4/29/25 6:22 pm CommentID:233979
Rachel Hemphill	Protecting Patient Safety	I strongly oppose athletic trainers performing dry needling. They lack the extensive, four-year training that licensed acupuncturists complete, and dry needling is simply acupuncture under a different name. Allowing inadequately trained individuals to insert needles into patients is not only misleading, but also potentially dangerous. Dr. Rachel Hemphill, DACM, L.Ac., FABORM	4/29/25 6:25 pm CommentID:233980
Joanne K	Oppose!	Needling should be kept to trained practitioners	4/29/25 6:31 pm CommentID:233981
Anonymous	Oppose Dry Needling for Athletic Trainers	I am here to oppose ATC's performing dry needling unless they are educated with proper training, pass the national boards for acupuncture and are licensed. Acupuncture and dry needling are the same and should be considered as such. You are penetrating the surface of the skin and should be properly trained and receive the license to do so.	4/29/25 6:48 pm CommentID:233982
Naomi Skoglund	Oppose DN for Athletic Trainers	I oppose allowing athletic trainers to perform dry needling. They may know muscles, but they are not healthcare providers and a weekend training course is not sufficient to teach non-HCP to use needles a) effectively and b) safely. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	4/29/25 7:03 pm CommentID:233983
Dr Tina Chin-Kaplan	Opposed to dry needling by athletic trainers	I am opposed to dry needling from athletic trainers because they do not have the proper training and education. They have not gone to school for 4 years with over 2,000 hrs combined coursework in anatomy, physiology, pathology, needling techniques, clean needle technique certification, meridian theory, and clinical internships. Coursework for dry needling is only 20-100 hrs, if it is taken at all. This cannot be safe for the dry needling recipient.	4/29/25 7:25 pm CommentID:233984
Monica Mae Leibson	No Dry Needling by folks with insufficient training!	I do NOT recommend athletic trainers do Dry Needling - they could cause major issues including pneumothorax. People who needle need much more training! Nationally, it's 3-4 years and a licensure test. This is bogus and a lie to the public!!!	4/29/25 7:41 pm CommentID:233985
Jessica Curl	Opposed to Dry Needling by athletic trainers. Training is important in needling	I am writing to oppose the use of dry needling for professionals without an acupuncture degree. I have practiced and trained acupuncturists and MD acupuncturists and training is essential to quality care. A degree in acupuncture takes years and produces the safest and most competent practitioners for using acupuncture needles which are a tool of a specific trade. Best and safest results will come from staying with the trained professionals. Thank you, Jessica Curl, LAc MSTCM Three Springs	4/29/25 7:45 pm CommentID:233986
Wanzhu Hou	If acupuncture is part of medicine, please let me know less trained practitioners can save lives	I have trained in both theories of conventional and Chinese medicine, acupuncture is part of Chinese medicine, we using it treating patients, proving the results with advanced experiments. I am continually digging is Chinese medical theories, because it beyond our knowledge and science. acupuncturists need continually research and learning, but the practitioners not related to practice acupuncture? if you are not value of human lives, you can allow them to hold a knife that is slaughtering the cow, now killing people the we need to help!!!!	4/29/25 7:56 pm CommentID:233987
Dr. Ren[illegible]e Hahn	No acupuncture by another name and by minimally trained 'trainers'	Dry needling is acupuncture by another name. I oppose athletic trainers doing dry needling because they do have not enough training to do dry needling - a repackaged name for acupuncture. Patients can thus be harmed by inadequate training and lack of understanding and knowledge of the entire channel system of the body and all the intricacies we learn in our 4 year Master's program.	4/29/25 10:41 pm CommentID:233990
Marny Culpepper	Opposed to athletic trainers dry needling	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/29/25 10:59 pm CommentID:233991
Alison Winters	Strongly Oppose	I strongly oppose athletic trainers doing dry needling. They do not have nearly enough training like acupuncturists do.	4/29/25 11:25 pm CommentID:233992
Anonymous	Oppose athletic trainers to perform dry needling	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/29/25 11:45 pm CommentID:233993
Anonymous	OPPOSED	OPPOSED to athletic trainers doing dry needling!	4/30/25 12:05 am CommentID:233994
Anonymous	Opposed	Opposed!	4/30/25 12:06 am CommentID:233995
Anonymous	OPPOSED to athletic trainers doing dry needling!	OPPOSED to athletic trainers doing dry needling!	4/30/25 12:07 am CommentID:233996
Anonymous	OPPOSED to dry needling	OPPOSED to dry needling	4/30/25 12:17 am CommentID:233997
Anonymous	Opposed to dangerous lack of training when it comes to needling patients	Acupuncturists undertake years of intensive training in using acupuncture needles to treat patients. Real harm and permanent damage can result from incorrect use of acupuncture needles by insufficiently and improperly trained practitioners. Athletic trainers don't have anywhere close to sufficient training to safely use this medical modality. It is unacceptable to allow trainers to practice medicine without a license by allowing them to practice dry needling.	4/30/25 1:28 am CommentID:233998
Anonymous	Opposed to dry needling performed by athletic trainers	Acupuncturists are thoroughly trained to perform acupuncture safely without endangering the lives of their patients, through 3000 hours of medical training. It is dangerous to allow untrained people to perform acupuncture on patients, without safety standards and a thorough understanding of what the acupuncture needles are doing in their effects on internal organs, and deep systems that alter the body's functioning.	4/30/25 1:41 am CommentID:233999
Dr. Jodi Knauer, D.Ac., L.Ac, Dipl.Ac.	Strongly Oppose AT perfoming Dry Needling	Dry Needling is Acupuncture. It is internal medicine using a surgical type instrument that penetrates the skin to affect physiological changes in the body both locally and distally. Dry Needling has been renamed from acupuncture to bypass existing laws, rules and regulations. Dry Needling is the same as Acupuncture Physical Medicine or Trigger Point Acupuncture. I have seen first hand the result of dry needling done by improperly trained non-acupuncturists. These results include nerve injuries, systemic infections, mental and physical trauma and life threatening pneumothoraxes requiring ED hospitalizations when non-acupuncturists with minimal training, no standardized testing or evaluation use dry needling as an add-on to their practices to an unaware public. If the goal is to increase hospitalizations in Virginia, increase lawsuits for medical malpractice for inadequately trained providers and burden doctors and nurses in our hospitals with preventable injuries then by all means, pass this bill. Why do educational requirements, national board exams and standards exist if this not standard for all medical professionals performing acupuncture/dry needling in the commonwealth of Virginia? As medical professionals we are all sworn to first do no harm. This bill will cause harm to the public. For the safety of the public in Virginia, I strongly oppose a profession with minimal training bypassing basic standards of education that are required for acupuncturists, medical doctors and chiropractors to practice any invasive procedure using a surgical filiform needle.	4/30/25 7:47 am CommentID:234000
Laua Zaranski, East Wind Acupuncture	Opposed to athletic trainers performing dry needling	Acupuncturists have over 3000 educational hours and 1000 clinic hours and spent 4-5 years do get a degree that is regulated, licensed and must prove competency as well as 60 or more continuing education hours. Allowing trainers with minimal to no training is incompetent to say the least but completely insulting for the very skilled acupuncturists who could deliver those services with better and safer results. We spend wlll over 80K to get this education. You must not allow any unqualified and grossly undertrained trainers or PT's to deliver our medicine. There must be a standard. This is not it.	4/30/25 8:02 am CommentID:234001
Siri Michel, L.Ac.	Opposed to athletic trainers being allowed to add dry needling	Dry Needling is Acupuncture. It is internal medicine using a surgical type instrument that penetrates the skin to affect physiological changes in the body both locally and distally. Dry Needling has been renamed from acupuncture to bypass existing laws, rules and regulations. Dry Needling is the same as Acupuncture Physical Medicine or Trigger Point Acupuncture. Results of improperly trained dry needling include nerve injuries, systemic infections, mental and physical trauma and life threatening pneumothoraxes requiring ED hospitalizations when non-acupuncturists with minimal training, no standardized testing or evaluation use dry needling as an add-on to their practices to an unaware public. If the goal is to increase hospitalizations in Virginia, increase lawsuits for medical malpractice for inadequately trained providers and burden doctors and nurses in our hospitals with preventable injuries then by all means, pass this bill. Why do educational requirements, national board exams and standards exist if this not standard for all medical professionals performing acupuncture/dry needling in the commonwealth of Virginia? As medical professionals we are all sworn to first do no harm. This bill will cause harm to the public. For the safety of the public in Virginia, I strongly oppose a profession with minimal training bypassing basic standards of education that are required for acupuncturists, medical doctors and chiropractors to practice any invasive procedure using a surgical filiform needle.	4/30/25 8:42 am CommentID:234002
Kathryn Ryan	dry needling is acupuncture	I have been a Licensed Acupuncturist for 40 years,and taught in an acupuncture college for 25. The training is rigorous and complex. Please don't allow untrained therapists to give our profession a bad reputation. Thank you. Kathryn Ryan	4/30/25 9:51 am CommentID:234003
Tim K	No	Dry needling is a form of acupuncture, stop the encroachment by physical therapists!	4/30/25 9:58 am CommentID:234004
Anonymous	Athletic Trainers are Licensed and Certified	**Clarification in Support of Athletic Trainers Performing Dry Needling**	4/30/25 10:16 am CommentID:234005

	Health Care Providers	As we continue the important dialogue regarding the proposed amendment to permit Board-Certified Athletic Trainers to perform the modality of dry needling, it is essential to address and clarify several points raised in opposition.
		
		• **Athletic Trainers Are Not Personal Trainers**: Certified athletic trainers complete a minimum of six years of higher education through university-based, nationally accredited programs. Their education follows a rigorous, competency-based approach that integrates both classroom instruction and clinical experience. Utilizing a medical-based educational model, certified athletic trainers are trained to deliver comprehensive patient care across five key domains of clinical practice:
		
		1. **Risk Reduction, Wellness, and Health Literacy**
		2. **Assessment, Evaluation, and Diagnosis**
		3. **Critical Incident Management**
		4. **Therapeutic Intervention**
		5. **Healthcare Administration and Professional Responsibility**
		
		Coursework includes advanced studies in anatomy, physiology, nutrition, therapeutic modalities, orthopedic assessment, and therapeutic exercise. In addition, students complete hundreds of hours in diverse clinical settings, ensuring they graduate with extensive hands-on experience and the skills necessary to support a wide range of patient populations.
		
		• **Training in Invasive Procedures**: Accredited athletic training programs, overseen by the Commission on Accreditation of Athletic Training Education (CAATE), require training in sterile technique and invasive procedures. This includes intravenous (IV) administration, wound closure using sutures and staples, and lidocaine injections. These competencies have been formally recognized and approved by overwhelming majorities in both chambers of the Virginia General Assembly in 2023.
		• **Virginia Board of Medicine Licensed:** Code of Virginia §54.1-2900
		• **Public Health Precedent During COVID-19**: During the COVID-19 pandemic, the Governor of Virginia, executive order number 51, authorized athletic trainers to administer COVID vaccinations—a needle-based medical procedure—based on their foundational education and with clinical training, that did conclude June of 2021. This authorization was not extended to acupuncturists, underscoring the difference in the Commonwealth's recognition of clinical competence.
		• **Dry Needling vs. Acupuncture**: Dry needling, a technique rooted in Western medicine and focused on musculoskeletal trigger points, differs fundamentally from acupuncture, which is based on Eastern medicine and meridian theory. Acupuncturists' licensure documentation defines their practice under these Eastern philosophies. If some within the acupuncture profession now claim dry needling as their own, this calls for a reassessment of their scope of practice, as it may contradict their originally defined licensure.
		• **States that Allow Athletic Trainers to Practice Dry Needling**:
		  ◦ Alabama
		  ◦ Arizona
		  ◦ California
		  ◦ Connecticut
		  ◦ Maryland
		  ◦ Florida
		  ◦ Georgia
		  ◦ Illinois
		  ◦ Iowa
		  ◦ etc.
		• **Support from Diverse Medical Professionals**: In reviewing public comments, a clear distinction emerges. Opposition to the amendment is largely from those within the acupuncture profession. In contrast, support for the athletic trainer comes from a broad range of healthcare professionals, including physicians, physical therapists, academic leaders, and hospital administrators. This multidisciplinary support reflects the confidence and trust the medical community places in the education, skills, and professionalism of board-certified athletic trainers.
		• **Grounded in Fact**: The points presented above are not merely opinions—they are grounded in objective facts: the rigor of educational programs, regulatory recognition of clinical competencies, and professional endorsements from within the Commonwealth's healthcare system.
		
		While public discourse naturally invites differing viewpoints, I trust that the decision-makers will weigh the evidence carefully.	

Erika Dahlheim	Acupuncture should be practiced by acupuncturists only!	I oppose athletic trainers doing dry needling because compared to our 4+ years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture. There is a much higher incidence of injury from dry needling due to lack of knowledge and expertise, which reflects very poorly and unfairly on highly trained acupuncturists. I am moving to Virginia from California in 2 months and I find this very alarming for my profession.	4/30/25 10:31 am CommentID:234006
Connie Chuck	Strongly oppose for public safety	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture. This will increase risk to patients safety and health!	4/30/25 11:17 am CommentID:234007
Philip Tan	Extremely oppose this	This is a major safety issue for patients. Any form of needling is invasive which can damage underlying organs and or tissues. This should only be practiced by licensed acupuncture professionals	4/30/25 11:28 am CommentID:234008
Leslie Oldershaw, LAc, The Oldershaw Clinic	I oppose 18VAC85-120-110, which would allow athletic trainers to perform dry needling	I oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. As a licensed acupuncturist with over 30 years of experience, I feel strongly that acupuncture requires a level of training and licensure that is not required in this amendment. Thank you, LESLIE OLDERSHAW, LAc Licensed Acupuncturist California	4/30/25 11:53 am CommentID:234009
Dr. Gilmore	Dry needling undermines our knowledge...	our knowledge, and theoretical background.	4/30/25 11:54 am CommentID:234010
Jenn Keys	Oppose	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 12:14 pm CommentID:234011
Lisa Lam, DAOM, L.Ac. Kaiser Permanente	Oppose	I strongly oppose. I oppose athletic trainers performing dry needling as it is a risk to the general public. Acupuncturists complete 4 years of training in both Eastern & Western Medicine. Dry needling and needling in general requires a strong command of human anatomy and training	4/30/25 12:22 pm CommentID:234012
Lydia Akhzar	Opposed. Dry needling(acupuncture) by athletic trainers unsafe for patients.	Acupuncturist have thousands of hours of training over 4 years post grad. Dry needling is a repackaged name for acupuncture and athletic trainers should not step out of their own expertise.	4/30/25 12:36 pm CommentID:234013
Anonymous	Opposed	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 12:40 pm CommentID:234014
Megan Rauch, L.Ac., MSTCM	Oppose	I oppose athletic trainers doing dry needling because they do not have enough training to do dry needling as safely and effectively as Licensed Acupuncturists who have 4 years of rigorous training and supervision.	4/30/25 12:40 pm CommentID:234015
Anonymous	Oppose	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 12:44 pm CommentID:234016
Dena Ito	Stop dry needling	Dry needling is acupuncture without an acupuncture license. No to dry needling. I'm an acupuncturist who spent years training to get a license. Please demand that from all professionals.	4/30/25 12:47 pm CommentID:234017
Dr. Megan Carmichael DOAM	Strongly Oppose	Dry needling is acupuncture and should only be administered by a current national certified acupuncturists for the safety of the patient. Athletic trainers/ practitioners are not medically trained to understand the complexity and structure of the TISSUE layout of the human body. Most dry needling is done above vital organs, nerves and arteries. Not having a 4 yr + education/ practical on this leads to Emergancy care for patients or 6wk plus injury recovery.	4/30/25 12:47 pm CommentID:234018
Dr. Pema Chen	Oppose- unsafe	Athletic trainers do not have the proper training to use acupuncture needles for 'dry needling!' This will put patients safety at risk.	4/30/25 1:02 pm CommentID:234019
Kelly Meyer	Opposing the Expansion of Dry Needling to Athletic Trainers in Virginia	As a concerned practitioner and advocate for safe, effective patient care, I strongly oppose any efforts to allow athletic trainers or other healthcare professionals without formal acupuncture training to perform dry needling. **Acupuncture is not a technique—it is a comprehensive medicine.** Licensed acupuncturists complete a minimum of four years of rigorous, graduate-level education focused on anatomy, physiology, needling technique, safety, diagnosis, and the principles of East Asian medicine. This extensive training ensures that needling is performed with precision, care, and clinical insight. Dry needling, often described as a musculoskeletal intervention, is essentially **acupuncture stripped of its foundational context and depth of training**. While the terminology may differ, the physical act of inserting needles into the body remains the same—and so do the risks. Practitioners without the appropriate education are not equipped to recognize potential complications or ensure the safety of their patients. Allowing athletic trainers to perform dry needling **undermines public safety and the integrity of acupuncture as a profession**. It sets a dangerous precedent for allowing invasive procedures without adequate education. Needling the human body without the proper clinical background can lead to serious harm, including nerve damage, pneumothorax, and infection. We urge the regulatory board to protect the public and uphold the standards of professional healthcare by requiring that **any use of filiform needles—including dry needling—be restricted to licensed acupuncturists who have completed the necessary education and clinical training**. Thank you for your time and attention to this critical matter. As a concerned practitioner and advocate for safe, effective patient care, I strongly oppose any efforts to allow athletic trainers or other healthcare professionals without formal acupuncture training to perform dry needling. **Acupuncture is not a technique—it is a comprehensive medicine.** Licensed acupuncturists complete a minimum of four years of rigorous, graduate-level education focused on anatomy, physiology, needling technique, safety, diagnosis, and the principles of East Asian medicine. This extensive training ensures that needling is performed with precision, care, and clinical insight. Dry needling, often described as a musculoskeletal intervention, is essentially **acupuncture stripped of its foundational context and depth of training**. While the terminology may differ, the	4/30/25 1:03 pm CommentID:234020

		physical act of inserting needles into the body remains the same—and so do the risks. Practitioners without the appropriate education are not equipped to recognize potential complications or ensure the safety of their patients. Allowing athletic trainers to perform dry needling **undermines public safety and the integrity of acupuncture as a profession**. It sets a dangerous precedent for allowing invasive procedures without adequate education. Needling the human body without the proper clinical background can lead to serious harm, including nerve damage, pneumothorax, and infection. We urge the regulatory board to protect the public and uphold the standards of professional healthcare by requiring that **any use of filiform needles—including dry needling—be restricted to licensed acupuncturists who have completed the necessary education and clinical training**. Thank you for your time and attention to this critical matter. Sincerely, Dr. Kelly Meyer DACM	
Susannah Pitman, DAc, LAc	Opposing athletic trainers from adding dry needling to their scope of practice	I oppose athletic trainers from adding dry needling to their scope of practice. As an acupuncturist with 18 years of experience as well as over 3,000 hours of training, I have a tremendous amount of experience working with filiform needles, which are the same needles used in dry needling. Dry Needling is one form of acupuncture. As simple as dry needling appears, there is great risk of causing harm without extensive training and oversight, which is why acupuncturists have thousands of hours of training in using these needles on top of the anatomy and physiology education that's also required. I have treated patients that have been injured by dry needling performed by physical therapists, and considering that physical therapists have significant education in anatomy and are experts at surface anatomy, these incidents of injury may point to the minimal education that's required to handle filiform needles. For the sake of the public, please oppose this petition.	4/30/25 1:04 pm CommentID:234021
John Kim	ATs are not qualified to Dry Needle!	ATs typically have a Bachelor's degree with limited time of training with needling/ injection. Acupuncturists hold at minimum a Master's degree with over 2000 hours of training.	4/30/25 1:05 pm CommentID:234022
David Foster Acupuncture	Opposing 18VAC85-120-110	Allowing athletic trainers to perform dry needling would be like allowing them to prescribe medications or perform root canals. Besides the serious danger of needling without appropriately repetitive guidance on how to avoid pneumothoraces or arterial puncturings, there are the less grave dangers of performing a medical modality without understanding the medicine it derives from—which is to say that relatively mindless stimulation of trigger points in one part of a muscle can cause harm to another part distally or proximally on the same neuromuscular vessel, which athletic trainers are not formally educated in. Thank you	4/30/25 1:07 pm CommentID:234023
Anonymous	No shortcuts for Patient Safety	The education and training for Licensed Acupuncturists ensures safe needling, why provide a shortcut which allows under trained professionals to needle? If this proposal is approved prepare for multiple pneumothorax and organ puncture incidents.	4/30/25 1:11 pm CommentID:234024
Anonymous	Acupuncture by athletic trainers is an irresponsible practice	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 1:14 pm CommentID:234025
Anonymous	Opposed-Whats next?	If athletic trainers can practice acupuncture, then why not allow them to draw blood, perform injections, and stitch wounds? Let's advocate for patients and only allow properly trained professionals to perform appropriate procedures. I am a licensed acupuncturist; would you see me for athletic training?	4/30/25 1:15 pm CommentID:234026
Ioanna Vouloumanou	Oppose	Oppose	4/30/25 1:25 pm CommentID:234027
Anonymous	Opposing athletic trainers from adding dry needling to their scope of practice	opposing athletic trainers from adding dry needling to their scope of practice	4/30/25 1:25 pm CommentID:234028
EUN CHOI	Stop dry needling	Stop using the needles!!!	4/30/25 1:26 pm CommentID:234029
Anonymous	Opposing AT dry needling.	I can understand why athletic trainers would want dry needling within their scope because needling is an effective method of treatment. HOWEVER, patient safety should be paramount to this department's concern. When practitioners are not well trained, misinformation will grow and patient safety would be at risk. In acupuncture, we utilize cupping as a form of treatment. I have had a medical doctor consult me when a physical therapist cupped his patient too aggressively. The physical therapist only told a patient "something is wrong internally and you'll have to get treatment for that". Nothing was wrong. The physical therapist had left the cups on for too long nor did they understand the Chinese medicine theory behind different color bruises we may see. This physical therapist legally met the requirements but induced panic into their patient because they lacked experience and knowledge behind their "easy" treatment. I wonder how many more patients had to deal with this and received unnecessary testing and unnecessary stress from people who have not been adequately trained. Opening up dry needling to athletic trainers would do something similar. They may learn how to put a needle into a muscle but they may not understand the breadth and depth of changes to the human body. Some dry needling can induce headaches but trainers would not be able to understand why and how to prevent such side effects.	4/30/25 1:26 pm CommentID:234030
Licensed Acupuncturist and Chiropractor	Opposed-Not enough training!	as a licensed acupuncturist I acknowledge the skill and training necessary and clean needle technique, as well as anatomy and physiology in order to safely insert sterile needles into patient's body, avoiding puncturing organs such as lungs, and avoiding excessive bruising, bleeding, or damage to surrounding musculature arteries, nerves and veins. A weekend course just doesn't cut it as a chiropractor. I could've taken minimal additional training and been able to perform dry needling or acupuncture under my doctorate of Chiropractic license. However, I recognized that the extensive knowledge and skills earned during a doctorate or masters degree and Acupuncture cannot be matched by a weekend course Therefore I pursued my full degree in Acupuncture in order to have full mastery of the skills . it is my opinion that physical therapist chiropractors and personal trainers should not be allowed to perform Acupuncturist unless they are indeed trained and licensed as Acupuncturist. Period.	4/30/25 1:28 pm CommentID:234031
Anonymous	Will cause miscarriages	Will cause serious and life-changing injuries to patients, such as miscarriages.	4/30/25 1:30 pm CommentID:234032
Anonymous	Opposed	Acupuncturists are the experts and well trained in dry needling. Other progressions should refer to the experts that do it best for safety of the public. Would you go to an dentist for orthodontics or an orthodontist? Stay in your lane!	4/30/25 1:35 pm CommentID:234033
Anonymous	Oppose	The insertion and manipulation into the body is acupuncture despite it being westernized as "dry needling". As such, permitting athletic trainers to practice this modality is irresponsible to the general public as there can be real harm caused to patients with minimal education. My training as an acupuncturist was extensive with a full year of supervised clinical education, if a trainer wants to add this to their treatment strategies they should seek out a degree in acupuncture.	4/30/25 1:37 pm CommentID:234034
Kim Clements	Out of Scope- Opposed	Acupuncture/ Dry Needling has never been part of Athletic Training, Chiropractic, or Physical Therapy training in undergraduate and or curriculum in training institution. Now because they see the benefit of trigger point work directly taught via acupuncture training, and as one modality that we as acupuncturists learn in school. We have hours of hands on training, clean needle, and traditional schooling in order to learn these techniques with repetition and care. These profession see the need to access this modality, rebrand the technique, reteach in in their own format, and get it approved for a scope of practice that it does not belong. If that is the case, we as acupuncturist should be taking weekend courses on Chiropractic manipulation, athletic training, and physical therapy modalities and lobby to rebrand techniques to fit our profession and show the public this. That is what is happening here. Its unfair and its not right for the public to feel confused about who is properly trained.	4/30/25 1:38 pm CommentID:234035
Brian Chang	Needles are a Medical Grade 2 Device - ATs are not medically qualified	Needles are Federally classified as a Medical Grade 2 Device. Federal Medical Law states that only medical professionals that are qualified to handle needles (medical grade 2 device) are the following: - MDs/DOs - Dentists/Orthodontists/Oral Surgeons - Registered Nurses/Nurse Practitioners - Acupuncturists All other professions are NOT considered medically qualified to handle needles. If an Athletic Trainer is NOT medically qualified to even perform stitches, how is it logical to allow them to stick 4-5 inch long needles into the torso of someone's body? Other states who have allowed unqualified professions, such as physical therapists and chiropractors, have seen more instances of punctured lungs and other internal injuries. USA Olympic Skier Torin Yater-Wallace suffered a collapsed lung from a chiropractor performing dry needling in the state of Colorado and missed the Sochi Olympics. This is about medical safety and medical qualifications based on medical training.	4/30/25 1:39 pm CommentID:234036
Chongmu Lee	Licensed Acupuncturist	I oppose the athletic trainers allow the dry needling of 18VAC85-120-110.I believe it will threatening654.50 public safety without a adequate training program. It must meet the licensed acupuncturist requirements of Virginia state laws. Please, compare it to the acupuncture school program. Thanks.	4/30/25 1:49 pm CommentID:234037
Sarah Coghlan, DACM, L.Ac.	Statement in Strong Opposition to the Inclusion of Dry Needling in the Scope of Practice for ATs	Dry Needling actually is Acupuncture, just rebranded: Dry needling involves inserting solid filiform needles into soft tissue, including trigger points and motor points, to relieve pain or improve movement. It is sometimes described as a modern biomedical practice - but it is, in method and effect, acupuncture. Proponents of dry needling often claim that acupuncture is solely based on the movement of qi through energy meridians, implying it lacks western scientific basis. This is a mischaracterization. Acupuncture is supported by a growing body of biomedical research that identifies multiple mechanisms of action, including neuromodulation and local tissue effects. The argument that acupuncture does not also address pain relief and mobility from a myofascial standpoint is outdated and inaccurate. Furthermore, the World Health Organization (WHO), identified trigger point needling as part of acupuncture practice in 1999, describing it as "a type of acupuncture treatment." Likewise, the National Center for Complementary and Integrative Health (NCCIH) recognizes dry needling as a "modern adaptation of acupuncture." Multiple state regulatory boards, including in New York, California, and Oregon, have also affirmed that dry needling falls under the legal scope of acupuncture and must only be performed by licensed acupuncturists or medical professionals with equivalent training. Despite attempts to rebrand it, you can perform acupuncture without using dry needling techniques, but you can't perform dry needling without essentially practicing acupuncture. The difference is in the training, clinical judgment, and standards of care. This not a safe add-on skill: Unlike massage, taping, or stretching, dry needling is an invasive procedure. It pierces the skin and underlying muscle tissue, carrying risks of: • Pneumothorax (lung puncture) • Nerve and vascular injury	4/30/25 1:52 pm CommentID:234038

		• Infection • Fainting or vasovagal responses To safely manage these risks, a practitioner must understand anatomy, clean needle technique, needling depth, and appropriate patient assessment. As a licensed acupuncturist, I completed over 700 hours of supervised clinical practice and thousands of hours of didactic training, including anatomy, physiology, and pathology alongside traditional diagnostic frameworks - not to mention countless hours of continuing education. In contrast, athletic trainers pursuing dry needling training may only complete a brief course, with little to no hands-on supervision, clinical evaluation, or adequate time to master the skill. *This is a dangerous double standard and it places the public at risk.* Patients are confused, and sometimes harmed: Allowing undertrained practitioners to needle patients diminishes the integrity of the acupuncture profession and creates confusion among the public. I have treated numerous patients who came to me fearful or skeptical of acupuncture after negative experiences with dry needling. In many cases, they were unaware that their previous provider lacked comprehensive training. They often assumed I had the same minimal instruction, when in fact, I have 5+ years of advanced graduate acupuncture education and supervised clinical experience. The public should not bear the burden of understanding licensure and scope-of-practice nuances. The responsibility to regulate invasive medical procedures and ensure public safety lies with the state. Professional Boundaries should be respected: This is not a criticism of Athletic Trainers, who are are highly skilled in injury prevention and rehabilitation. But it is not appropriate for them to perform invasive procedures like dry needling - just as is is not appropriate for acupuncturists to perform joint relocations or prescribe post-operative rehab. Dry needling should only be performed by those with the appropriate licensure and educational standards: licensed acupuncturists and qualified physicians or physical therapists with needling included in their core curriculum and licensing exams. Please protect public health, uphold the integrity of professional training standards, and reject the inclusion of dry needling in the scope of practice for athletic trainers. Thank you for your time and your commitment to safe, evidence-based healthcare. *Sarah Coghlan, DACM, L.Ac.*	
Deirdre Corrigan	Oppose Amendment 18VAC85-120-110 – Protect Public Safety	As a licensed Doctor of Acupuncture and Chinese Medicine, I strongly oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. Dry needling is, in essence, acupuncture—an invasive procedure involving the insertion of needles into the body. Licensed acupuncturists in Virginia undergo a minimum of 1,900 hours of comprehensive training, including extensive supervised clinical practice, to ensure patient safety and effective treatment. In contrast, athletic trainers receive significantly less training in this area. For example, some dry needling certification courses for athletic trainers offer as few as 27 hours of instruction . This disparity in training raises serious concerns about the safety and efficacy of allowing athletic trainers to perform such procedures. Allowing individuals with minimal training to perform dry needling not only compromises patient safety but also undermines the rigorous standards established for healthcare professionals. I urge the Board to reject this amendment to protect public health and maintain the integrity of our healthcare system. Sincerely, Dr. Deirdre Corrigan, DTCM, LAc, LMT Boulder, Colorado	4/30/25 1:55 pm CommentID:234039
M Zahidi	Opposed	They're not properly trained. We have to undergo 3 years of hands-on training along with state board and national certification. The risk of injuries on their part is too high. They know acupuncture works and is effective so why not go to school for it?	4/30/25 1:56 pm CommentID:234040
Kris Sparacino	Opposed	Without proper training and licensure practicing any form of needling becomes a public safety issue. Would PTs be comfortable if personal trainers started helping patient to rehab from surgeries? questions is also important if they would begin billing insurance. Regardless of how other modalities (PTs) feel about it- using medical treatments without proper training and licensure and insurance undermines all health care practices and the system that is in place to provide safe, fair and ethical administration for the patient. Without clear boundaries of these systems the reliability and safety of these practices suffers. Using filiform needles under any other name but acupuncture (with the training and licensure that is included in that) is unethical and unsafe.	4/30/25 1:56 pm CommentID:234041
Johanna Parisi	Against dry needling for AT	Once again my profession and lively hood is under attack. As an acupuncturist I should never have to guard my profession from another who does a fraction of training that I've had to do. I can't imagine any other medical professional that has to advocate the way we have to. Do OBGYN's have to tell GP not to deliver babies...it's truly ridiculous that this argument continues to come up. I vote against this Johanna	4/30/25 1:56 pm CommentID:234042
California Neurohealth	Keep the community at large safe	Would you permit a hairdresser to do minor plastic surgery? No you go to a real doctor. Acupuncture is safe because we have been trained to keep it that way. Four years of schooling then over 3000 hours of training and then residency. Do not allow unlicensed folks to make pin cushions out of patients and our esteemed athletes. An athlete that is hurt deserves the chance for real treatment so they can make their school/team/club or country proud. The medical profession is a serious one and athletic trainers that would like to participate should go through the health care practitioner training, residency and patient management courses and get a real license to practice. It's not like throwing ice on an injury and then sending the athletes out. Please protect our athletes and their dreams of continuing in their sport as well as the public safety. Do not allow athletic trainers to make a buck and keep people that need real care to get it from healthcare practitioners.	4/30/25 1:57 pm CommentID:234043
Megan Willdorf	Only acupuncturists should do dry needling	Do not allow non acupuncturists to put needles in people!! ATs/PTs/DCs should not be allowed to do any needling especially since they take minimal courses and hours. Acupuncturists have thousands of hours of training.	4/30/25 2:05 pm CommentID:234044
Dr. Lauren Michelle Kolansky, DACM, MAOM, LAc	Only acupuncturists should needle..	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture. If athletic trainers want to do dry needling, then they should go to Acupuncture school.	4/30/25 2:11 pm CommentID:234045
Dr. Oley Smith, DAHM, Dipl. OM, L.Ac.	Opposed to dry needling for Athletic Trainers	I oppose athletic trainers doing dry needling because compared to our 4+ years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture. Methodology must informed by understanding, and athletic trainers do not understand acupuncture/dry needling.	4/30/25 2:14 pm CommentID:234046
Anonymous	Strongly Oppose ATs to use Acupuncture!	I strongly oppose language that would allow athletic trainers to perform Acupuncture. Allowing Athletic Trainers to perform dry needling without comprehensive education, clinical training, or regulation by the Medical Boards puts patients at serious risk. Needle insertion/ dry needling is one technique of acupuncture and requires extensive education. Acupuncturists receive 3-4 years of training, 2,500 -4500 hours versus an Athletic Trainer, PT, or Medical Doctor who study this technique over a 200 hr short weekend/ online course without adequate supervised training, passing multiple national boards, or the need for continuing education classes. Dry needling has led to pneumothorax, nerve injury, and hospitalizations. Many patients say it's too painful and not effective compared to acupuncture from Acupuncturists. ATs and PTs tend to be taught a very aggressive forms of acupuncture that goes too deep and leads to injuries. When injuries such as pneumothorax happen they are associated with Acupuncture in the serious adverse event database which can lead to issues in our field and increases in rates of malpractice for our providers even though we are more cautious and better trained in this field. Acupuncture indeed works very well. There is a reason everyone is jumping on the bandwagon. Instead of taking over the field with minimally trained providers and putting patients' lives and futures at risk please mandate that they **REFER** the patients to us. There are many Acupuncturists in the state who have dedicated their whole lives to helping patients and are ready to help with musculoskeletal pain. We deal with these issues every day. Or even the playing field- have them get their Acupuncture license by first attending a three or four year program at a cost of $200k, pass the mandatory 2-3 national boards, wait for their licensing, and perform the same number of continuing education classes annually. It's a lot of work to become a provider in our field and I don't think they would follow thru. They know acupuncture works and just want the financial benefit without the training. Olympiads injured by dry needling done by non-Acupuncturists: Wallace1 Wallace2 Orr3 Thanks for putting patients first!	4/30/25 2:17 pm CommentID:234047
Dr. Elaine Sta-Iglesia, Likha Acupuncture and Wellness	No to dry needling!	I strongly oppose PTs, Chiropractors and athletic trainers to dry needling!	4/30/25 2:25 pm CommentID:234048
Shoshana Uribe	opposed	I oppose athletic trainers doing dry needling because compared to the 4 years of training that licensed acupuncturists have, they have hardly any required training to practice dry needling (which is acupuncture). This can lead to all kinds of problems for the patients receiving the acupuncture, and is really a public safety concern. It's like having someone prescribe medications after taking a monthlong course rather than years of training. Thank you.	4/30/25 2:28 pm CommentID:234049
Dr. Angela Rosen, DAOM, LAc	Opposed	Acupuncture is a form of medicine that requires years of in-depth training to become proficient. People who have not had extensive training in the intricacies of acupuncture pose a hazard to those receiving their treatments. Please keep this medicine in the hands of those who are properly trained to administer it.	4/30/25 2:35 pm CommentID:234050
Alyssa R	oppose	Athletic trainers do not have the training to use acupuncture needles and techniques and call it 'dry needling'. This will put patients safety at risk if performed by a provider without the proper training hours or lack of scope to do so.	4/30/25 2:36 pm CommentID:234051
Susanna Lea, LAc	No to unlicensed practice of acupuncture!	The depth of training required to competently and accurately use acupuncture needles effectively and meaningfully takes years of study and cannot be attained after a weekend course. This represents an ushering in of mediocrity to health sciences. Rather than demanding that the standards of medical practice be lowered to accommodate nonpractitioners, why not pursue greater knowledge through study of acupuncture so that you can confidently help people.	4/30/25 2:38 pm CommentID:234052
Anonymous	No to Dry Needling	Virginia has plenty of licensed acupuncturists that have undergone rigorous education and licensure standards to be able to practice the profession of acupuncture. Allowing poorly trained Athletic Trainers to do dry needling erodes the state's professional acupuncturists ability to make a living doing what they are trained and licensed to do, as well as increasing risk and liability to the Board of Medicine. Please take this risk to public safety seriously and keep acupuncture in the hands of trained and licensed professional acupuncturists. Thank you!	4/30/25 2:39 pm CommentID:234053
Matthew Fellner	Oppose 18VAC85-120-	I vehemently oppose this amendment. I am a licensed acupuncturist, and a doctor of Chinese Medicine. I have 4 + years of graduate level schooling in this medicine, 300 patient hours as a	4/30/25 2:42 pm

	110	student and now 19 years experience as a practitioner. I also am a clinical supervisor, instructor and former chair of the Acupuncture department at ESATM in NJ. I understand the level of training necessary to safely administer acupuncture or dry needling sessions. Physical therapists and athletic trainers are absolutely and unequivocally not trained sufficiently to understand the nuance and potential danger of inserting needles through the skin. They have minimal training in anatomy and even less training in proper needle technique. They pose a significant risk to everyone who is not well informed of their lack of training and skill. Using needles as a therapeutic modality is a MEDICAL technique and should only be performed by those who have demonstrated significant skill and training. AND...by those who have been certified and licensed by a nationally recognized governing body. Participating in a weekend course hardly qualifies. Passing this amendment would put thousands of people at risk of being injured and it should be strongly opposed	CommentID:234054
Natalie Ramsey	Protect our profession	We need to stand United against professions that are trying to poach skills from our profession with a fraction of the training. Not only does it infringe upon our practice, but it presents a great safety concerns to patients when other types of practitioners are taking crash courses in something as risky as sticking needles in a body, and then are off to the races, using those unrefined skills in their practice. Down the line, If other professions are allowed to use our modalities without proper training and experience, as people get injured or have bad experiences by these other practitioners, it will begin to reflect poorly upon our profession as well, simply because we would be utilizing the same modalities.	4/30/25 2:54 pm CommentID:234055
Anonymous	OPPOSED	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 2:54 pm CommentID:234056
DR JANE CATANIA DACM	Only Acupuncturists Should Do Dry Needling	The basic training for an acupuncturist is a master level. America was always known for our high standard of education. If personal trainers can do dry needling which is acupuncture, America will lessen our gold standard of education.	4/30/25 3:00 pm CommentID:234057
Denise Mercedes Long, Acupuncturist	Only Acupuncturists should be doing acupuncture	I went to college for a bachelor degree in nursing and have been a registered nurse for over 40 years, naturopathic medical school and am a board certified naturopathic doctor, and went to acupuncture school and am a board certified acupuncturist. There is no way to provide an informed and safe acupuncture treatment to a patient without attending school to do so. Not only does it boggle my mind that this medicine could be so cheapened, I am most uneasy about the creation of untoward medical affects from a person without sufficient training and information. Please vote this down. This is not a good idea and there can be negative sequelae from the adoption of this practice.	4/30/25 3:07 pm CommentID:234058
Anonymous	This is dangerous!	Allowing athletic trainers to dry needle is dangerous for the public!	4/30/25 3:12 pm CommentID:234059
Natalie Trousdale, L.Ac	Opposed to athletic trainers performing dry needling (aka acupuncture)	Dry needling is acupuncture. There is no difference between their definitions. As an acupuncturist I had to go through a rigorous 4-year program, including many hours of clinical practice. Athletic trainers do not have that amount of training in needling and pose a risk to the public. Please keep needles in the hands of professionals trained to use them.	4/30/25 3:13 pm CommentID:234060
Christopher Lee, L.Ac.	Athletic Trainers are not qualified to do dry needling	To whom it may concern, I oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. Contrary to popular belief, acupuncture is not just placement of a acupuncture needle in the body. Proper location, diagnosis, technique, and selection are required for effective and safe treatment. Athletic trainers lack the required training and knowledge to safely treat patients using acupuncture needles. They desire to perform acupuncture without taking the necessary training. Simply renaming it dry needling is disingenuous and dangerous for public safety This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. Thank you, Christopher Lee, L.Ac.	4/30/25 3:29 pm CommentID:234061
Eastern Carolina Medicine	dry needling by trainers	oppose. They have neither the training, experience or background to do this procedure.	4/30/25 3:34 pm CommentID:234062
Joyce Kawalchuk	Opposed	I strongly oppose 18 VAC 85-120 due to serious public safety concerns. Allowing undertrained practitioners to perform filiform needling increases the risk of complications such as infection, nerve injury, pneumothorax, and misdiagnosis. Redefining this invasive technique under a separate regulatory banner creates confusion for patients and providers alike, undermining transparency, informed consent, and public trust. Lastly, filiform needling is acupuncture in both method and effect, regardless of whether it is called "dry needling" or "trigger point therapy." This amendment unjustly encroaches on the scope of licensed acupuncturists and weakens established professional standards at the expense of patient safety. Respectfully submitted, Joyce Kawalchuk	4/30/25 3:54 pm CommentID:234063
Anonymous	Oppose Athletic trainers doing dry needling	I oppose athletic trainers doing dry needling.This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	4/30/25 3:57 pm CommentID:234064
Dr. Kevin Lyons	Oppose	I strongly oppose personal trainers from dry needling, In my professional opinion only licensed insured acupuncturists should be doing this level of work.	4/30/25 4:03 pm CommentID:234065
Alicia Sant'Angelo L.Ac	Opposing the proposed amendment to 18VAC85-120-110	Please allow this comment to add to the overwhelming and resounding NO to the proposed amendment that will allow Athletic Trainers to do dry needling. As a Licensed Acupuncturist, who completed a Master's Degree in order to complete a rigorous program to become a professional who can needle. The risk is too great!!! They do not have enough education.	4/30/25 4:06 pm CommentID:234066
Rebecca Fanali	Strongly oppose athletic trainers doing dry needling	Dry needling is acupuncture! As a licensed acupuncturist, we spend 3500 hours learning the techniques and the theory behind the medicine! Any other profession trying to take shortcuts to perform dry needling (acupuncture), is a safety issue and a health risk! They need to go through the proper training, just like every other acupuncturist has to. Otherwise, they can cause serious harm to the patients and do dry needling an injustice!	4/30/25 4:10 pm CommentID:234067
Frederick Paff	OPPOSE 18VAC85-120-110	As a Licensed Acupuncturist and former Professor and Clinical Supervisor of Acupuncture, I can assure you that Virginia will put the safety of their residents at great risk by letting uneducated, untrained and unskilled persons insert acupuncture needles. Acupuncture needles are FDA regulated medical devices and should only be used by properly educated, trained and licensed acupuncturists. Dry needling IS acupuncture. I have already treated injuries sustained by patients of uneducated, untrained and unskilled physical therapists 'dry needling' in NJ: puncturing of the saphenous vein, median nerve damage, exacerbation of symptoms due to improper needling. Licensed Acupuncturist spend thousands of hours in didactic and clinical training and must pass multiple national board certification exams, as well as many accumulating 10's of thousands in student loans. Allowing the egregious appropriation of this complex and nuanced medical therapy will harm Virgina residents, diminish the true value of Acupuncture & Herbal Medicine and potentially destroy the livelihoods of Licensed Acupuncturists.	4/30/25 4:13 pm CommentID:234068
Christi Jin, L.Ac.	opposing the proposed amendment to 18VAC85-120-110	This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet.	4/30/25 4:16 pm CommentID:234069
Dr. Rae Ritke, LAc, DAc	Dry needling is Acupuncture, and must be done by trained professionals	As a licensed acupuncturist who has practiced for over 12 years, I am strongly opposed to anyone who is under licensed such as sports trainers to use needles. Our training is extensive, 4+ years. Anyone who is crossing the skin barrier faces multiple problematic consequences. Dry needling, as it is called, is a renamed branding of an acupuncture technique and difficult needling style. It is also one that can cause the most damage to a patient. As a practitioner with a full-time practice And with over 15,000 sessions under my belt, still rarely do I use the technique called dry needling. Mainly because of its difficulty in doing correctly, and the possibility of injury to the client. It requires going to past subcutaneous layer of the skin in order to "trigger' a muscle. The possibilities for injury and internal damage is real. A needle is a surgical instrument and someone needs to be properly trained in order to use it. Only someone who is fully licensed in Acupuncture should be using Acupuncture needles.	4/30/25 4:17 pm CommentID:234070
Lara Ferguson, Lic. Ac.	Opposed	Hello, As a licensed acupuncturist in practice for 14 years after 4 years of intensive study, I oppose any practice acupuncture with out a license. In effect, giving athletic trainers a minimum of training and legally allowing them to perform acupuncture is ridiculous. It puts the client at risk and jeopardizes the real practice of acupuncture those of us have dedicated our lives to. PLEASE OPPOSE THIS! Thank you, Lara	4/30/25 4:18 pm CommentID:234071
Anonymous	I strongly oppose.	I oppose athletic trainers doing dry needling.This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	4/30/25 4:21 pm CommentID:234072
Joe Acupuncturist	Vehemently Opposed	Acupuncturists have years of training to insert needles.Athletic trainers DO NOT have the training.	4/30/25 4:35 pm CommentID:234073
Full Moon Acupuncture Inc.	I oppose!	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 4:35 pm CommentID:234074
Anonymous	Opposed	This is incredibly dangerous. Athletic trainers are not qualified in any way to do dry needling. This is a public safety hazard.	4/30/25 4:56 pm CommentID:234075
Lily Gach, L. Ac	Oppose dry needling by athletic trainers	Dry needling is acupuncture. Acupuncture requires a rigorous 4-year degree. It is unsafe to allow athletic trainers to perform dry needling, which is an evasive word used to justify pefforming acupuncture without training.	4/30/25 5:10 pm CommentID:234076
Innovations to Wellness	I strongly oppose	Dry needling is a subset of acupuncture, a particular style. The greatest risk for severe medical injury from acupuncture needles comes from low trained or poorly trained professionals in other fields. Acupuncturists have minimum of four years post bachelor's degree in training, including location, depth, angle, gauge, duration, technique style. We spend an incredible number of hours on safety. The NCCAOM regulates nearly every state with assessing our level of training and safety. The medical errors for acupuncture are almost completely encountered by short-trained people from PT, sports medicine, nurses, etc. Please consult with the NCCAOM before enacting a scope revision that isn't safe for your population. Dry needling is an acupuncture technique, and should be regulated as acupuncture, and by the acupuncture boards.	4/30/25 5:17 pm CommentID:234077
Dr. Grace Kim, Grace Acupuncture and	OPPOSE 18VAC85-120-110	**OPPOSE 18VAC85-120-110**	4/30/25 5:22 pm CommentID:234078

Herbal Medicine		As a Doctor of Acupuncture and Chinese Medicine and Licensed Acupuncturist, I strongly oppose 18VAC85-120-110. Virginia state will cause the citizens of Virginia a great risk when letting uneducated, untrained and unskilled persons insert acupuncture needles. Wo[illegible]rists, should complete at least 3000 hours in didactic and clinical training and after that, in order to obtain the license, must pass multiple national board certification exams, not to mention, [illegible]0 hours of high level of continuing education should be completed to hold the license status. Allowing athletic trainer who do not obtain this complex knowledge of medical therapy will bring harms to Virginia residents, and this will diminish the true value of Acupuncture and potentially destroy the credibility of Licensed Acupuncturists. As practicing in the state of New Jersey and New York, I already have treated numerous patients who have been injured by physical therapists, who used Dry Needling without proper acupuncture training, only to complete a few certification course. Currently, the Federal Law states that acupuncture needles are FDA regulated medical devices and should only be used by properly educated, trained and licensed acupuncturists. Dry needling IS acupuncture. Please consider my opposition regarding to this amendment. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	
Heather Shoup, DAc, LAc	Oppose	I ask that those considering the addition of dry needling to the scope of practice of athletic trainers, do their due diligence and understand what dry needling is and how it is just another term for acupuncture. Those in other professions will argue that it is not the same, but they must not have a true understanding of the scope of acupuncture practice. There are many styles of acupuncture and acupuncture techniques. Dry needling is simply another name for the use of acupuncture needles (needles that do not have an injectable in them) in the muscles. Acupuncturists Do in deed do this very practice. I am a Doctor of Acupuncture. I spent 6 years in graduate school learning both western and eastern medicine. I have had to pass safety classes, national board examinations, and seek licensure to practice. When someone without this level of training, needles someone, the risks of injury and harm are great. True injury such as nerve damage, organ puncture, and hematomas can be caused by improper training. Public safety is a real risk in this situation. They may not be informed properly of the lack of education in an area someone has if this is allowed to go through. It there fore takes the choice away from them if they want someone with out the regulation sticking needles in them. The public seeks the knowledge of the governing bodies to have their best interest in mind. Please have their best interest in mind and vote no to this addition.	4/30/25 5:40 pm CommentID:234079
Daniela Freda, L.Ac.	I Oppose! Our patient's safety is at risk.	I strongly oppose allowing Athletic Trainers practicing dry needling. As a licensed acupuncturist, I have gone through extensive studying to ensure safety for patients. Not only did I do years of studying in a Masters degree program for acupuncture, we also went through years of direct supervision in order to needle patients in a clinical setting.	4/30/25 5:55 pm CommentID:234080

Catherine So MS, LAT, ATC	Empower Recovery, One Needle at a Time ❤ Trust Athletic Trainers.	Athletic Trainers should be allowed to perform dry needling because they are already highly trained in musculoskeletal anatomy, injury prevention, and rehabilitation — core competencies that align closely with the technique and goals of dry needling.
		
		Some reasons Athletic Trainers should be able to perform dry needling are:
		
		• Extensive Education in Anatomy & Physiology
		  ◦ Athletic Trainers are educated extensively in human anatomy, particularly the neuromusculoskeletal system, which is essential for safe and effective dry needling.
		• Injury Evaluation & Treatment Expertise
		  ◦ They are already licensed to evaluate, treat, and manage musculoskeletal injuries, making dry needling a natural extension of their clinical toolkit.
		• Continuity of Care
		  ◦ Allowing Athletic Trainers to dry needle enhances continuity of care for athletes and active individuals — reducing delays in treatment, referrals, and costs.
		• Evidence-Based Practice
		  ◦ Dry needling is supported by growing research as an effective technique for managing myofascial pain, improving range of motion, and accelerating recovery—goals that align directly with an Athletic Trainer's mission.
		• Already Trusted by Teams & Athletes
		  ◦ Athletic Trainers are often the primary healthcare providers for athletes. Expanding their scope to include dry needling improves access to timely, effective care.
			4/30/25 6:22 pm CommentID:234081

Johnny Leung, LAc.	Oppose	Public saftey is at risk! There is much more in depth when using any kinds of needles to treat patients, a few hundreds hours course or certification doesn't justify the qualification, licensed Acupuncturists went through thousands hours of study, trainings and exams!	4/30/25 6:37 pm CommentID:234082
Kris Baker	Oppose. Patients Should Only Receive Needling from Qualified Acupuncturists	Oppose. Patients Should Only Receive Needling from Qualified Acupuncturists	4/30/25 7:20 pm CommentID:234083
Awny Rael, On Point Acupuncture	Oppose, acupuncture should only be done by licensed acupuncturists.	I oppose athletic trainers doing dry needling because compared to our 4+ years of rigorous training, knowledge base in TCM and clinical hours of practice, they have not enough training to do dry needling which is a repackaged name for acupuncture. Dry needling can be dangerous and cause more harm than good. Please protect our scope of practice for acupuncture and Chinese medicine professionals!	4/30/25 7:42 pm CommentID:234084
Showing On	Oppose! Only trained acupuncturists should be doing this!	What they are proposing to do is acupuncture by another name.	4/30/25 7:52 pm CommentID:234085
OB	Oppose - only Oriental Medicine Doctors, Physicians, and Experienced Practitioners	Please read the below to understand why only trained and qualified medical professionals are to use acupuncture needles. What is an Acupuncture Needle? What is a Dry Needle? A filiform needle, also known as an acupuncture needle, is a medical device typically made of solid stainless steel and should only be inserted by trained medical professionals such as Oriental Medicine Doctors, Physicians, and Practitioners with a minimum of 3 years of experience. A filiform needle is sometimes referred to as a dry needle. A filiform needle, acupuncture needle, and dry needle are all the same. A filiform needle is different than an a hypodermic needle which is hollow to inject or draw fluid. The foundational medical skills and expertise needed to insert a metal object inside of a human body cannot be learned during a seminar or course. Only trained medical professionals have the privilege to use and insert filiform needles into patients. Do Medical Ethics Matter? How Do Medical Professionals Prevent Death and Injury? What Are the Consequences of Making a Mistake? Trained acupuncture physicians undergo thousands of hours of didactic (in-class) and hands-on clinical training to prevent dangerous mistakes such as pneumothorax (the collapse of the lung), internal or external hemorrhaging due to puncturing major arteries and veins (bleeding out) and damaging various vital organs like the kidneys (can be punctured if needles are improperly inserted in the back for back pain for example), liver (can be punctured if needles are improperly inserted in the abdomen for abdominal pain for example). Nerves can be punctured and permanently damaged especially near the spine and limbs if untrained professionals without an in-depth knowledge of medicine insert needles. Oriental medicine interns in training must treat a minimum number of patients to qualify for graduation usually anywhere from 320-400 patients on top of submitting case studies and participating in clinical case reviews under the supervision of a licensed medical professional. As future physicians and medical professionals, students also participate in medical ethics courses and are typically required to write papers discussing medical ethics with their peers, professors and mentors. When is it appropriate to treat a patient? Under what conditions? How are physicians to treat their patients? What method is most appropriate and ethical? Who is allowed to treat a patient? What is the scope of practice for various professionals both medical and non-medical? What is the responsibility of a clinician? A typical Oriental Medicine Doctor or Acupuncture Physician will first complete pre-medical undergraduate coursework before completing an additional 4 years of medical education. After graduating with a degree in oriental medicine, practitioners must pass 4 national board exams and obtain medical licensure before qualifying as Oriental Medicine Physicians (3 board exams are required for acupuncturists.) One of the 4 board exams is in acupuncture and includes but is not limited to surface anatomy, the depth at which needling is safe or dangerous, underlying anatomy at different depths and locations (specific nerves, veins, arteries, vital organs, viscera), contraindications for certain conditions/ailments, and ethics. This process is regulated on a national level through the NCCAOM and the CCAHM, the governing body of acupuncturists and oriental medical doctors. Any instances of malpractice or injury are reported to the national board and state board as appropriate. Many physicians go on to complete medical residencies both in the USA and abroad in their chosen specialty for an additional 2-5 years alongside clinical research for a total of 9-13 years of medical education. The consequences of allowing untrained or minimally trained individuals will be devastating for not only the medical profession but more importantly the patients who may be wrongfully subjected to injury or death. What's Big Deal? Why Does Safety Matter? Please do not make the mistake of first thinking and later legislating that untrained or minimally individuals can safely utilize filiform needles, a regulated medical device. (No part of this statement was produced by AI and is from my own personal and professional experience.)	4/30/25 7:57 pm CommentID:234086
Dr Candace jania	Dangerous	Seriously dangerous. They do not have adequate training to pierce the skin. Public safety threat	4/30/25 8:30 pm CommentID:234087
Annie	Support of athletic trainers dry needling	I have read almost every comment on this form from both sides. (Since-04/30). And I'm trying to not be upset about the misunderstanding and uneducated remarks about Athletic Training. So many comments from other athletic trainers and doctors, have discussed what an athletic trainer is, how much education we have, how many years of clinical experience, etc. Yet again and again misinformation is being said. I won't reiterate on what an athletic trainer is and the education we have to perform an invasive technique, such as dry needling, as many have done so before me. (See 4/17/25- Michael K. OR Jacob M. on 04/28, Etc.). Also, the amount of "spamming" on this form has gotten a little crazy. Please explain your reasoning for opposing the amendment or agreeing with it. This isn't a vote for who has the most comments, but a discussion to prove your point through logical facts and explanations. Lastly, athletic trainers have the knowledge and skills to perform dry needling. Every invasive procedure comes with risk. That's why proper patient education is so important as well as consent forms, documentation and of course proper/ updated training for the healthcare provider. Physical therapist, athletic trainers, and chiropractors can dry needle within different states with proper training and protocols. While many who oppose this amendment bring up that one mistake a PT or chiropractor has made (While saying this, I take their mistakes very seriously), they have not brought up the hundreds to thousands of patients we have helped. Acupuncturists are not perfect, like any other health care provider/person, mistakes can be made, and in the health care profession the risks are abundant. With that being said, certified and licensed athletic trainers understand this risk as well, and have the proper training, clinical experience to further our education through classes to gain certifications such as, dry needling. If our doctors standing orders allow us to dry needle our patients, after proper certification classes and training, and they are willing to put their own licensure on the line, because they trust our training and abilities, then what reason is there to stop athletic trainers from dry needling. There isn't one. I appreciate your time in reading this long-winded comment. But I trust the board will understand, and follow other states in allowing athletic trainers to dry needle. Thank you.	4/30/25 8:56 pm CommentID:234088
Ashley Will, LAc	Strongly Oppose - dangerous to the public!	I strongly encourage you to oppose athletic trainers performing dry needling. The creation of the term 'dry needling' so that physical therapists and chiropractors could practice a watered down version of acupuncture with as little as 30 hours of training was bad enough, but this proposition is ludicrous and a danger to the public. The needles and techniques used in dry needling are the same that have been used in acupuncture for thousands of years, minus rigorous training and the foundation of traditional Chinese medical theory which allows for diagnosing and treating conditions other than just pain. It is a serious medicine. As an acupuncturist, I've complete 9 years of schooling, over 3000 hours of acupuncture specific training, ceritified in clean needling technique, passed 3 national boards to obtain national accreditation to be licensed by my state's board of medicine. An athletic trainer surely will not posess the medical knowledge needed to safely and beneficially administer dry needling to the public. In my small practice alone of seen multiple injuries from dry needling my physical therapists including pneumothorax, premature labor and a puncture femoral artery. And physical therapists are highly educated with a vast understanding of the human body. But without adequate training with needles, these injuries can	4/30/25 9:13 pm CommentID:234089

		happen. We spend years in acupuncture school learning proper needling techniques and depth for safety. If passed, this would surely do more harm then good. Please leave needles to medical professionals. Thank you.	
Teresa Green	Please keep the public safe . Oppose	Needling should be done by trained medical professionals. Licensed Acupuncturists are the only medical professionals with literally thousands of hours of training, and are the experts. Don't let someone with a few dozen hours training insert needles into a person's body.	4/30/25 9:54 pm CommentID:234090
Stephen Zilber, DACM, LAc	Oppose 18VAC85-120-110 - Don't allow athletic trainers to perform dry needling	**I oppose 18VAC85-120-110, which would allow athletic trainers to perform dry needling** I oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling - a rebranded version of acupuncture This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. As a licensed acupuncturist with over 30 years of experience, I feel strongly that acupuncture requires a level of training and licensure that is not defined in this amendment and that athletic trainers an unprepared to offer	4/30/25 9:56 pm CommentID:234091
Yue Wang	Oppose!	Lack of training. Too dangerous to public.	4/30/25 9:56 pm CommentID:234092
Anonymous	oppose to the proposed amendment to 18VAC85-120-110,	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	4/30/25 10:12 pm CommentID:234093
Lori Tusa	Oppose	I oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture.	4/30/25 10:28 pm CommentID:234094
Denise Bowden, the root & the branch	Opposed to Athletic Trainers Performing Dry Needling	Licensed Acupuncturists come to the practice of acupuncture after years of training and a deep understanding of Traditional Chinese Medicine as a complete medical system. Allowing Athletic Trainers into this practice makes a mockery of it! And it invites further erosion of this ancient practice. As my herbal teacher lamented years ago, "everyone wants a piece of our pancake!" We have western medical doctors, chiropractors, PTs and now athletic trainers claiming the most well-known practice of this incredible medicine as their own. Who's next? Let's not continue to slip down this perilous slope! It will be the patients and the licensed acupuncturists who lose. Thank you.	4/30/25 10:30 pm CommentID:234095
John Urich	Misleading to the public.	As an acupuncturist for 40 years, I see that the public would see dry needling and acupuncture as similar. This is far from the reality of the over 2000 hours of training that acpuncturists need to become licensed in most states. Dry needlers are in no way comparable to the understanding of the energy system that acupuncturists utilize and access in our patient treatments. Thank you.	4/30/25 11:29 pm CommentID:234096
Daniel Paige	Oppose 18VACC85-120-110 - Don't allow athletic trainers to perform dry needling	Oppose 18VACC85-120-110 - Don't allow athletic trainers to perform dry needling	5/1/25 12:30 am CommentID:234097
Molly Forsyth	Strongly Oppose	Strongly oppose. Dry needling is acupuncture and should only be performed by licensed acupuncturists.	5/1/25 6:01 am CommentID:234098
Association for Professional Acupuncture in PA	Strongly Oppose	Acupuncturists must have a minimum of a Master's Degree, pass multiple board exams, and complete a supervised internship for the privilege of performing any Acupuncture technique, including dry needling. Other professions using invasive techniques such as dry needling with nothing more than weekend training is misleading, dangerous to the public, and demonstrates their ignorance of the skills health care professionals need to develop in order to practice effectively and safely.	5/1/25 7:07 am CommentID:234099
Gregory Willis DAOM, MSTCM, Dipl. OM, LAc	Dry needling is acupuncrure	This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations	5/1/25 10:06 am CommentID:234100
Bess N Donley L.Ac	Strongly opposed to athletic trainers doing dry needling	Licensed Acupuncturists come to the practice of acupuncture after years of training and a deep understanding of Traditional Chinese Medicine as a complete medical system. Allowing Athletic Trainers into this practice makes a mockery of it! And it invites further erosion of this ancient practice. As my herbal teacher lamented years ago, "everyone wants a piece of our pancake!" We have western medical doctors, chiropractors, PTs and now athletic trainers claiming the most well-known practice of this incredible medicine as their own. Who's next? Let's not continue to slip down this perilous slope! It will be the patients and the licensed acupuncturists who lose. Thank you.	5/1/25 10:21 am CommentID:234101
Anonymous	PRO ATHLETIC TRAINER	LET THE ATHLETIC TRAINERS DRY NEEDLE. THEY ARE DIFFERENT THINGS. LET US BE.	5/1/25 10:24 am CommentID:234102
Joe Nicholas	SUPPORT-ATs are highly trained	Athletic Trainers are trained in the proper application of these procedures as part of a spectrum of possible physical treatments. Multi year training in real-world applications prepares ATs for effective and appropriate needling treatment as an option. Given any situation where an athlete or patient required some positive treatment, I can think of no one better prepared to provide a robust course of treatment than an AT.	5/1/25 10:38 am CommentID:234103
Adam	Strongly support!	It is a safe and effective treatment method for certified professionals. They take extensive training in order to safely and effectively perform this treatment. The uneducated people who are opposed to this passing have not done the research necessary to understand how safe and effective this treatment can be for our patients. Acupuncture is also a different technique than dry needling in many ways. The needle may be similar but the techniques are different. Most people opposed to this passing are people who use acupuncture that don't want skilled individuals taking clients away from them. I have been using dry needling in my practice as an athletic trainer for years and the only adverse affect that has occurred is muscle soreness. I strongly recommend that you all pass this to help us improve our patients care and their outcomes.	5/1/25 10:39 am CommentID:234104
Savannah Mills	Strongly Support!!	Athletic trainers are highly trained in musculoskeletal care and already play a key role in injury prevention and rehab. With proper certification, they are well-qualified to safely perform dry needling to reduce pain, improve mobility, and speed up recovery. Allowing ATs to use this effective technique expands access to care, especially in sports settings, and helps patients return to activity faster. Restricting it limits the tools available to professionals already trusted to manage complex injuries.	5/1/25 10:42 am CommentID:234105
Dr. Krystal Couture DPT, LAc	Strong Opposition	I strongly oppose athletic trainers being about to utilize dry needling. As both a PT and an acu, I have a unique perspective in that I learned dry needling in the 2000s before it was main stream and also before it was a simple weekend course. A weekend course is no where near enough training for any medical professional to be able to provide needling services. This is a highly skilled technique. Research shows adverse effects among PTs dry needling are at 36% whereas among acupuncturists they are at 9.6%. It should also be considered that dry needling IS acupuncture. It is a type of acupuncture called muscle specific Ashi Point needling. Thus it should be provided by practitioners of Chinese Medicine and Acupuncture.	5/1/25 11:03 am CommentID:234106
Kira Becker, Doctoral Candidate at VUIM	Strong oppose	My fear with allowing non-certified, non-trained healthcare providers (such as athletic trainers) to provide acupuncture is that patients will suffer the consequences. I'm currently a graduate student, studying acupuncture, and our program is four years of education and clinical training. At the end of the program, we must also pass a national exam for our certification. This level of rigor is necessary because, when administered incorrectly, acupuncture can be VERY harmful to the patients. Side effects from untrained practitioners include infection, punctured organs, punctured arteries, needle breakage (leaving fragments under the skin), pneumothorax, miscarriage, and death. For the safety of patients, please do not allow this petition to go through.	5/1/25 11:42 am CommentID:234107
jason c orans	acupuncture by personal trainers	I think it's a bad idea to allow personal trainers to practice acupuncture. Acupuncture is a 4000 year old medical tradition. Western medicine, by contrast, is only about 300 years old. We don't let personal trainers perform surgeries, and we shouldn't let them do acupuncture. Also, acupuncturists go through years of training and board certification. Allowing personal trainers (or anyone) to usurp all that training is a bad precedent.	5/1/25 11:45 am CommentID:234108
Lauryn Kenon, MS, ATC	STRONGLY support ATs dry needling	I strongly support ATs performing dry needling. We currently are able to use lidocaine via needle, administer IV fluids and perform suturing which is all now taught in our professional education programs. Dry needling is only performed once an athletic trainer has had coursework teaching the technique, which involves going over head to toe the "safe" and "not safe" area to needle, beware of certain structures etc. We are highly skilled medical providers who perform injury and illness evaluations, therapeutic exercise and modalities, taping, bracing, and emergency care. Dry needling has been an integral tool with my practice to assist my patients in restoring range of motion and function after injury. I have often been able to avoid my patients receiving cortisone injections due to the benefits of dry needling. I strongly encourage you to continue letting athletic trainers perform dry needling in our state.	5/1/25 12:03 pm CommentID:234109
Vickie Lee, L.Ac	strongly oppose!	"Dry needling" is the equivalent of Ashii or trigger point needling both of which fall under the purview of Acupuncture. Perhaps the state of Virginia has a different definition or scope of practice? By allowing this petition to pass, the state of Virginia will inevitably face countless law suits by members of the general public who will be inadvertently harmed by Physical Trainers who may mean well but who lack the in-depth training necessary to avoid pneumothorax, premature labor and puncturing major arteries. There is a legal, state health agency approved path for Physical Trainers to use needles and to perform "dry needling". They have just as much freedom as anyone else to enroll and complete a 4-yr program and to receive licensure to practice acupuncture ("dry needling"). Why are Physical Trainers asking for a shortcut? And more importantly, is this shortcut beneficial to the public good?	5/1/25 12:04 pm CommentID:234110
Laura Kauffmann	Strongly oppose Athletic Trainers using Dry Needling	This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I strongly oppose the proposal for athletic trainers to be be allowed to use dry needling as part of their modality. Laura Kauffmann, LAc	5/1/25 12:39 pm CommentID:234111
Anonymous	oppose athletic trainers to dry needle which is acupuncture and requires 4 years of training	If this is allowed then you should just get rid of all licensing around acupuncture- why go through all that training. Dry needling is acupuncture period and to practice acupuncture requires a license.	5/1/25 1:01 pm CommentID:234112
Kelly Chambers, DAHM, L.Ac	Strongly oppose dry needling, which is just another word for Acupuncture, not in scope for Trainers!	Many modalities have tried to infringe on the scope of practice of Acupuncturists. What they fail to understand is how dangerous this actually is. They don't understand, with any depth or context what it is they are doing. All severe harm to patients with terrible outcomes, done by needling, have been done by this sect of people, who want to needle, but do not want to be properly trained in this modality. They seek a short cut through legislation to practicing acupuncture, which only serves to hurt patients as well as promote a very poor understanding of acupuncture. These requests have been found to be harmful in every state across the nation. Oppose any attempt to circumvent proper training in acupuncture by those who have not studied. Protect patients from this type of greed and incompetence. Thank you.	5/1/25 1:26 pm CommentID:234113
Elizabeth Fuqua, L.Ac.	Strongly Oppose - Not Enough Training	**I strongly oppose the proposed amendment to 18VAC85-120-110 that would allow athletic trainers to perform dry needling.** Dry needling is acupuncture—rebranded, stripped of context, and dangerously oversimplified. Athletic trainers do not receive anywhere near the extensive, medically grounded training in	5/1/25 1:50 pm CommentID:234114

		needle technique, anatomy, and patient safety that licensed acupuncturists are required to complete. This amendment undermines public safety by granting invasive procedural privileges to individuals without sufficient education or clinical oversight. As a licensed acupuncturist, I completed thousands of hours of supervised clinical training and coursework over several years to ensure competent, safe, and effective patient care. Allowing athletic trainers to insert needles into patients with just a fraction of that training not only endangers the public but devalues the integrity of health professions regulated by the Virginia Board of Medicine. This proposal also sets a dangerous precedent, inviting other professions to bypass established medical training pathways and dilute standards of care. For the safety of Virginia residents and the future of responsible healthcare practice, I urge you to reject this amendment in full.	
Kristina Aschenbach, L.Ac.	Strongly oppose athletic trainers performing dry needling	I'm writing to express my **strong opposition to the proposed amendment to 18VAC85-120-110**, which would allow athletic trainers to perform dry needling. Dry needling is acupuncture. Calling it something else doesn't change the fact that it involves inserting needles into the body, an invasive procedure that requires in-depth knowledge, clinical judgment, and extensive hands-on training to perform safely. **Athletic trainers simply do not receive the level of education in anatomy, physiology, pathology, and needling technique that licensed acupuncturists are required to complete under the Virginia Board of Medicine.** As a licensed acupuncturist, I completed over 3,000 hours of rigorous training that included in-depth studies of anatomy, physiology, needle technique, and supervised clinical practice—all essential to minimizing risks like infection, nerve damage, or organ puncture. In contrast, some dry needling courses for athletic trainers require as little as 25 hours of instruction. That's a staggering difference in preparation for an invasive procedure. The gap in training raises serious concerns about safety and clinical competency. This amendment doesn't just put public safety at risk, it also opens the door for other professions to claim privileges without the necessary training. Our regulatory standards exist to protect patients, and this proposal undermines them. **Please reject this amendment. It's not safe, it's not sound, and it does a disservice to both the public and the health professions governed by the Board.**	5/1/25 2:22 pm CommentID:234115
VUIM	Strongly Oppose	This is a serious health risk to clients.	5/1/25 2:37 pm CommentID:234116
Karla Angulo	No agree	I'm not comfortable with the idea of athletic trainers performing dry needling. This is an invasive technique that requires deep anatomical knowledge and extensive clinical training, which is typically provided in healthcare professions like physical therapy or acupuncture. Patient safety should always come first, and procedures involving needles should be handled by practitioners who are fully qualified and licensed for such treatments	5/1/25 2:39 pm CommentID:234117
Dr. Kristen Nye, L.Ac.	Strongly Oppose- Not safe, lack of training	I strongly oppose the practice of dry needling outside the profession of acupuncture. Acupuncturists must complete 3-6 years of graduate school, hundreds of clinical hours, and several national board exams in order to safely and effectively use needles in treatment. Athletic trainers not only lack the theoretical knowledge, they also lack the necessary amount of clinical training in order to effectively provide this treatment. Allowing athletic trainers to practice MEDICINE without any accredited medical training is unsafe and dangerous for patients.	5/1/25 2:42 pm CommentID:234118
Sarah Moon DAcHM, L.Ac., Dip. Ac.	Opposition to Dry Needling by AT due to insufficient training	Strongly oppose allowing Athletic Trainers to perform Dry Needling due to inadequate training in acupuncture theory, needling safety, and differential diagnosis. This invasive technique requires comprehensive education that exceeds the scope of AT practice.	5/1/25 2:43 pm CommentID:234119
Anonymous	Strongly disagree	It is nonsense for them to do dry needling when they study in such a short period of time. It will give a bad affect on the impression of the true acupuncture! They must practice on their field, not cross the borderline.	5/1/25 2:44 pm CommentID:234120
Phillip Zhou, LAc	Please consider carefully	I ask the legislators to carefully consider your decision, licensed acupuncturist undergo specific, detailed training to safely deliver acupuncture.	5/1/25 2:50 pm CommentID:234121
Kristy Hanley L.Ac.	Strongly oppose	Lack of training, insufficient knowledge and outside their scope of practice to use a MEDICAL DEVICE. No training for correct diagnosis of injuries! The CONTEXT of athletic TRAINING is completely outside the scope of performing MEDICAL TREATMENTS.	5/1/25 3:08 pm CommentID:234122
Dr. Louis Jin, DAOM, L.Ac, Dipl. OM (NCCAOM)	Re: We say NO to Unlicensed Dry Needling Practices by VA Athletic Trainers	The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. We, as licensed acupuncturists demand immediate action: *Ban athletic trainers from performing dry needling. Their training is insufficient to mitigate risks inherent to needling. *Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. *Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely, Dr. Louis Jin, DAOM, L.Ac.) Dipl. OM (NCCAOM) Texas Association of Acupuncturists and Oriental Medicine (TAAOM)	5/1/25 3:33 pm CommentID:234123
Thomas Kouo, DAOM, L.Ac., Dipl.OM	Strongly oppose	I strongly oppose any legislation that allows acupuncture to be performed without adequate training. Dry needling is one small part of acupuncture and yet it is one that has a significant amount of risk to the safety of all patients receiving this treatment based on the techniques employed in this style. Standards for the competent and safe practice of acupuncture has been set through regulations set forth for acupuncturists, and compromising on these standards puts the public at risk. Acupuncturists learn safe and skilled practice through their training, which consists of no less than 1905 hours of education including a minimum of 660 clinical hours. This is the standard set for the competent and safe practice of acupuncture. Calling acupuncture by a different name to avoid having to fulfill the educational requirements for its practice is both misleading to the public and puts their safety at risk. Please protect your constituency from this unsafe practice and keep acupuncture (including the dry needling techniques) practiced by Acupuncturists who have both the skills and knowledge to be effective and safe. Thank you so much for your time.	5/1/25 3:34 pm CommentID:234124
Trisha Sater	Strongly Oppose	Acupuncturists complete 3-5 years of education and hundreds of clinical hours, plus pass a series of national board exams. They are sufficiently trained and experienced to needle patients to address various health concerns. They are trained in an entire body of medicine that informs the safe placement of needles. Why does the state keep trying to take needling from acupuncturists? First to chiropractors, physical therapists, and now trainers? Please keep needling in the hands of Acupuncturists! I oppose dry needling by any profession other than Acupuncture.	5/1/25 3:37 pm CommentID:234125
Anna Kreitzer, L.ac, Dlpl.OM	Strongly oppose	I oppose athletic trainers doing dry needling. Acupuncturists spend 4 years and 1000 clinical hours to be able to properly diagnose and treat patients. Throwing needs into a muscle can be dangerous and detrimental to a person's diagnosis and treatment.I strongly oppose allowing athletic trainers to perform dry needling.	5/1/25 3:40 pm CommentID:234126
Dr. Khatira Safari, D. Ac., L.Ac., Dipl. Ac.	Strongly oppose!!	**Public Comment Opposing the Inclusion of Dry Needling in Athletic Trainers' Scope of Practice** I am writing to express my strong opposition to the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. This proposal poses a significant risk to public safety and undermines the rigorous education and licensure standards that licensed acupuncturists are required to meet under Virginia law. Dry needling is not a simple technique—it involves the insertion of solid filiform needles into muscle tissue, often at deep anatomical levels. Licensed acupuncturists in Virginia undergo a minimum of 1,905 hours of graduate-level training, including over 660 hours dedicated specifically to acupuncture technique, safety, and clinical practice. In contrast, athletic trainers typically receive only a fraction of this training, and dry needling is not a standard component of their education. As a practitioner, I have witnessed complications from improperly performed needling, including nerve damage, punctured lungs, and infections. These outcomes are rare in the hands of licensed acupuncturists but become far more likely when performed by individuals without sufficient training. Granting this authority to athletic trainers would expose patients to unnecessary risk and increase liability for the Board of Medicine. This amendment sets a dangerous precedent by lowering the bar for who can perform invasive procedures. Public protection—not professional convenience—must remain the priority. I urge you to reject this proposed amendment and uphold the standards that keep Virginians safe. Sincerely,	5/1/25 3:45 pm CommentID:234127
Lindsay miller	No. Just no to Athletic trainers dry needling	Athletic trainers should not be able to perform dry needling. As an acupuncturist, I have gone through 4 years of a Master's program, clean needle technique exam, hundreds of hours in clinic and school, plus I had to take 3 board exams in order to become an acupuncturist. It is not safe for a profession to needle a human body without proper training. If they want to needle, they should go through the 4 years of school & training to properly assess & needle.	5/1/25 3:59 pm CommentID:234128
Seth Ellanson, Baltimore Orioles AAA Affiliate Athletic Trainer	Strongly support dry needling for athletic trainers	Dry needling is a highly effective technique for treatment of athletes in many different sports at varying levels. Other states already allow for this to happen under specific training guidelines. I agree with others on here that there should be a requirement for education but it should be similar to other states that have allowed dry needling. Athletic trainers work in various settings and travel often where it is difficult to find a local acupuncturist to perform the treatment needed. Allowing a certified athletic trainer to perform dry needling continues to permit high level care to their clients and athletes.	5/1/25 4:06 pm CommentID:234129
nick	athletic trainers are not qualified to perform invasive procedures like dry needling.	No, athletic trainers should not be permitted to perform dry needling. Inserting needles deep into the body is an invasive procedure. This is dangerous and will cause more harm then good. Such practice by unqualified personnel dilutes the medical industry and poses a serious concern	5/1/25 4:25 pm CommentID:234130
Licensed Acupuncturist	Opposed	No, it should be illegal! By athletic trainers needling clients, is equivalent of acupuncturists performing surgeries, that surgeons perform. For a surgeon to perform a surgery it takes a decade or more - attending years of school, practice, constant studying, passing all exams, obtaining board licenses.	5/1/25 4:41 pm CommentID:234131

		Acupuncturists are not allowed to do what nurses do, like Botox, IVs - why should athletic trainers dry needle patients? No logic. Obtaining an acupuncture license requires at least a Masters of Acupuncture degree, years of in depth studying and training in acupuncture, learning theory, and clinical training in treating patients with acupuncture under strict supervision. It includes numerous exams, not just in acupuncture, and western medicine, but also in fundamentals of eastern medicine. It requires liability insurances. The cost to obtain all that and pay schooling and boards is in tens of thousands of dollars and takes years.	
Anonymous	No way not safe, like letting athletic trainers perform as a doctor	Hello, please take this into serious consideration to not pass the ability to dry needle for athletic trainers. When you compare the amount of schooling that is required to be licensed as an acupuncturist in each state there is no comparison of an athletic trainer's education to qualify them to administer dry needling, which is Acupuncture just under another name to allow other professions to encroach on our profession. Because they know that there are good results with this, but you need to be fully educated for safety of patient. and it takes many hours in clinic and years of foundation knowledge to apply this modality for healing. Medical Doctors are able to get certified as Acupuncturists only because they have a background and knowledge of the body that comes with qualifications a medical doctor, same with Doctors of PT. And athletic trainer does not have the credentialed background of a medical doctor to easily let them become certified to do acupuncture or dry needling. These are one and the same.	5/1/25 5:14 pm CommentID:234132
Kristina Zuck, DACM, LAc, NCCAOM National Board Certified Acupuncturist	Only acupuncturists should do advanced trigger point acupuncture/dry needling	Protect the safety of your constituents by keeping needles in qualified hands! To assert that the use of a filiform needle— only recently rebranded from acupuncture needles to needles for dry needling—is not acupuncture is absurd. Chinese medicine has recognized trigger points for thousands of years under the name "ashi." Licensed acupuncturists receive hundreds of hours of training in needling, contraindications to needling certain areas, patients, or under certain conditions as well as how to handle an adverse reactions from micro bleeding to vasovagal syncope. The occurrence rate of pneumothorax is much higher among non-acupuncturists than with acupuncturists. Acupuncturists are required to pass a national Clean Needle Technique Course and many states require NCCAOM certification to obtain an acupuncture license. Physical therapy has no history of invasive procedures in their scope of practice, meaning nothing pierces the skin. In the medical system of Chinese medicine, acupuncture would be considered at the same level of surgery because of its invasive nature. Incidentally, the general public has not been able to distinguish between "dry needling" and acupuncture as they appear to be the same procedure. Trigger point acupuncture/dry needling can elicit very strong, often uncomfortable sensations. When performed by an individual who has received minimal training in handling a filiform needle, it can be extremely painful, resulting in the patient associating acupuncture with pain. The American Medical Association agrees that this technique should only be performed by acupuncturists. You should too.	5/1/25 5:32 pm CommentID:234133
Veronica Timmons, Licensed Acupuncturist	Strongly opposed to AT needle insertion	The state of Virginia has strong acupuncture licensure laws- these laws ensure that individuals receiving acupuncture remain safe during and after treatment. The amount of training to safely and effectively render this care is not accomplished in a few days or a weekend. Licensed acupuncturists spend years in graduate level education learning and honing diagnostic and needle skills. Dry needling is a subset of acupuncture (WHO, AMA) and should be regulated as such with all acupuncture needle insertion requiring an acupuncture license. Under training is a threat to public health.	5/1/25 6:13 pm CommentID:234134
Dr. Kleen	No, to AT using Dry Needling	Athletic Trainers are not certified to use medical devices to train their clients. Dry Needling can have serious negative effects if done by an untrained professional, and could cause serious harm to the patient. It would be negligent to allow untrained, individuals to practice dry needling.	5/1/25 6:18 pm CommentID:234135
Linda E Whitaker	Absolutely yes!	At have extensive knowledge and application in human anatomy and function. Their training includes detailed education including cadaver training. They are intricately involved in rehab and prevention of injuries. Allowing ATs to gain certification in and perform dry needling will provide athletes an informed avenue of rehabilitation not currently available. Few doctors have such an extensive hands on involvement in getting the athlete continual care after initial treatment. Dry needling needs to be part of this process and needs to be performed by those athletic trainers who are familiar with those athletes.	5/1/25 6:38 pm CommentID:234136
Heather C. L.Ac	Strongly Oppose!	Strongly oppose! Not enough training. Acupuncture and trigger point manipulation goes beyond "dry needling". Channel theory, TCM rooted principals, etc. Licensed Acupuncturists practice palpation and are clean needle technique certified. Big no.	5/1/25 6:56 pm CommentID:234137
Robbee Fian	opposing the proposed amendment to 18VAC85-120-110	I oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. Dry needling is a misnomer for a small piece taken from the umbrella of Chinese Medicine, which should only be under the auspices of those fully trained in the art. This atrocity is being done by people who see acupuncture as nothing more than putting a needle into tissue, where in fact there is an entire system of understanding developed over 5,000 years that is best administered by a practitioner who is fully trained and possesses a Masters or Doctoral Degree in Chinese Medicine. It is a known fact that different point combinations can have profound effects on the body's chemistry. To properly treat an individual one needs to be able to discover their exact energetic imbalance and do a complete evaluation to receive the desired effect, it is not solely about putting needles into muscles and tendons, which is sadly a gross misunderstanding by the undereducated. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are already enacted by Virginia Law and regulations. thank you for rethinking this action.	5/1/25 7:03 pm CommentID:234138
Yiming Lin	Again Sport trainer to do dry needling, so dangerous to people	So dangerous for sport trainers to do dry needling without enough training	5/1/25 7:51 pm CommentID:234139
VUIM	Oppose- standardized, formal is required	Unless athletic trainers undergo standardized, formal training comparable to that of acupuncturists and physical therapists, it is not safe for them to perform dry needling. Improper needle insertion can result in serious complications, including nerve damage, infections, and organ punctures. Critics argue that without rigorous training, athletic trainers may lack the necessary expertise to minimize these risks.	5/1/25 8:29 pm CommentID:234140
Megumi J	NO athletic trainers perform dry needle	1.Without rigorous and long -term training, Improper needle insertion can cause more harm than healing. When fitness coaches or other non-professionals attempt acupuncture without a deep understanding of meridians, acupoints, and pathology, they risk not only being ineffective but also causing further injury or delaying proper treatment. It can result in serious complications, including nerve damage, infections, and organ punctures. 2. Traditional Acupucture is a very difficult profession. When untrained individuals perform acupuncture, it becomes a case of passing off the fake as the genuine — a dangerous practice that can undermine the credibility and effectiveness of authentic, professionally administered treatments. 3. We don't let tailors perform surgery, nor do we let coaches prescribe drugs, or butchers run hospitals. Let athletic trainers train, let tailors sew, let slaughterhouses process animals — and let acupuncturists heal. Each profession must stay within its scope to protect the public.	5/2/25 12:27 am CommentID:234141
VUIM	I OPPOSE	I strongly oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	5/2/25 12:35 am CommentID:234142
Paul Simon Licensed Acupuncturist	Opposed to Athletic Trainers Dry Needling	I am writing to express my dismay that Athletic Trainers could be permitted to perform "dry needling in Virginia. Dry Needling is another name for Acupuncture. Acupuncturists have extensive education and the clinical training necessary to treat patients safely and effectively. The meager by comparison training required of athletic trainers is inadequate and will undermine the ability of acupuncturists to earn a living which is already very challenging. Please protect the scope of practice of Virginia Acupuncturists. thank you, Paul Simo	5/2/25 7:00 am CommentID:234143
Doug Lyons	Yes to Athletic Trainers performing Dry Needling	Athletic Trainers have Masters degrees with knowledge of anatomy and Sports Medicine. They have the ability to diagnose injuries and offer treatment. They should be allowed to offer Dry Needling.	5/2/25 8:33 am CommentID:234144
Anonymous	A scope of practice infringement	Athletic trainers infringing on the scope of highly trained needling professionals (acupuncturists) presents a danger and a threat to safety of Virginia's population. We must preserve and uphold standards of training that far exceed needling techniques for "dry needling" professionals and reserve the right to needle to those trained and licensed accordingly.	5/2/25 8:47 am CommentID:234145
Anonymous	Re: We Say No to Unlicensed DN Practices by VA ATs!	The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. We demand immediate action: *Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. *Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely, Name?Weihui Li Licensed Acupuncturist (L.Ac.), NCCAOM Diplomate State?MA	5/2/25 8:55 am CommentID:234146
Li Jing	oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax	5/2/25 9:17 am CommentID:234147

		This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Chenxia Duan	Opposite	Dear Board members: I am a licensed acupuncturist and instructor at NJ. I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling. sincerely, chenxia Duan	5/2/25 9:30 am CommentID:234148
Fangrui Shu	I OPPOSE	Re: We Say No to Unlicensed DN Practices by VA ATs! The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. We demand immediate action: *Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. *Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely, Name?Fangrui Shu Licensed Acupuncturist (L.Ac.), NCCAOM Diplomate State?MA	5/2/25 9:50 am CommentID:234149
Deguang He ? American TCM Association	No unlicensed DN practices by VA ATs	xz We Say No to Unlicensed DN Practices by VA ATs! The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. We demand immediate action: *Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. *Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely, Name?Deguang He Licensed Acupuncturist (L.Ac.), NCCAOM Diplomate State?MA	5/2/25 9:53 am CommentID:234150
Sue Roselle, MA,CN,CNS - Nutrition Specialist	Dry needling and athletic trainers	I oppose the idea of athletic trainers being permitted to use dry needling. They are not qualified to do this when receiving only marginal /seminar/ weekend meetings etc. to know the intricacies of proper use. It takes several years of schooling to become a certified acupuncturist and to learn all the proper techniques of needling which athletic trainers will not have. Their education touches on a number of topics but only superficially and will not provide appropriate training. This is the case for nutrition (my specialty) where they have only very basic info but act as fully educated nutritionists . In the spirit of providing appropriate and thorough healthcare / training, watering down modalities by minimal training never provides for ideal outcomes. If a client in training requires acupuncture , the person is best served by a fully trained acupuncturist not someone with a few hours of education. In the spirit of concern for the wellbeing of athletes, please do NOT pass this bill.	5/2/25 10:36 am CommentID:234151
Anonymous	Strong opposition	The initiated proposal is not putting the safety of patients as top priority with just 2-3 days training courses to be accepted as sufficient to use the technique of needling into patients.	5/2/25 10:48 am CommentID:234152
Lauren Kaplan, D.Ac.	Strongly oppose athletic trainer dry needling	To whom it may concern, As a licensed acupuncturist, I was required to have a 4 year bachelor's degree from an accredited university, a 4 year Master's Degree from an accredited school of oriental medicine and I had a to pass 4 national board exams along with a state health and safety exam. My schooling included over 2500 hours of practical, hands-on training. To allow athletic trainers to dry needle without substantial training is not only dangerous for the consumer, but infringes on our scope of practice. Please oppose this proposed legislation and leave needling to the well-trained and licensed experts. Warm regards, Dr. Lauren Kaplan	5/2/25 10:54 am CommentID:234153
Dr Meredith Murphy	DO NOT ALLOW DRY NEEDLING IN ATHLETIC TRAINERS	Allowing poorly and undertrained people to do dry needling is putting patients at risk. The risk for pneumothorax (punctured lung) is very high and clean needle technique is often lost in these seminars. The rigorous years of training, clean needle technique, anatomy, and clinic work we need as acupuncturists cannot be safely replicated in athletic trainers. If you scroll instagram and see posts by athletic trainers and other similar professions doing "dry needling" it is quite alarming, deep needling in the area of the lung, lots of people needling THRU clothing which is unsanitary and so many other horrors that I cannot believe someone thinks is ok to do to another person's body. This is a danger to patients and unnecessary. Please do not allow this to pass.	5/2/25 11:04 am CommentID:234154
Anonymous	Strongly oppose	This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	5/2/25 11:08 am CommentID:234155
Ann Mertens, LAc	I oppose	"Dry needling" is acupuncture: it is the insertion of a filiform needle into the body. Anyone performing acupuncture should be trained as an acupuncturist, which requires obtaining a minimum of a Master's degree, successfully passing national board exams to demonstrate proficiency, and completing a supervised internship of hands-on practice. A weekend course in "dry needling" is inadequate to be able to practice acupuncture effectively and safely. If Athletic Trainers want to perform acupuncture, they should obtain a degree in acupuncture and become licensed acupuncturists. Education matters.	5/2/25 11:26 am CommentID:234156
Yuna O.	Strongly oppose	I **strongly oppose** Athletic Trainers performing dry needling for the safety of patients. **Dry needling is merely a part of acupuncture** techniques. **Acupuncturists study** for at least three years to obtain a master's degree and at least four years to achieve a doctorate. Their education covers everything from the history of acupuncture to the **indications and contraindications** for each acupuncture point, the **depth at which to insert needles**, the **angle to use**, as well as the **names and locations of the muscles and nerves where the needles are placed**, among other details. After acquiring this knowledge, they complete **690 hours of clinic hours under the supervision of a skilled supervisor** during their internship. All of these processes prioritize "**patient safety**." Therefore, I strongly oppose Athletic Trainers performing dry needling.	5/2/25 11:26 am CommentID:234157
Fangming xu	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient	5/2/25 11:28 am CommentID:234158

		education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Anonymous	object to 18VAC85-120-110	**strongly object to 18VAC85-120-110 amendment. It is not safe to the public .**	5/2/25 11:37 am CommentID:234159
Anonymous	Opposed	This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet. It is out of the scope of practice for ATs	5/2/25 12:24 pm CommentID:234160
Kevin Berger, DAOM	Absolutely Not! Strongly Oppose!	This is ridiculous and nonsense to support this bill.	5/2/25 12:30 pm CommentID:234161
Sarah Heiber	Strongly Oppose	The acupuncture profession is already plagued by undertrained and unqualified people in other fields who wish to perform this medicine without the thousands of hours of training it takes to be fully safe and competent. For instance, there has been an ongoing battle with Physical Therapists taking a weekend course in "dry needling," a trigger point release style of acupuncture. They are often the ones doing dry needling on athletes, and when they cause a serious injury to their patients, they conveniently start calling it acupuncture again. The idea that Athletic Trainers would be allowed to add acupuncture to their scope is even a bigger insult to the medicine and a danger to the public. Their main objective is to create physical training programs, teach proper exercise form, use these methods to prevent injuries in clients, and help tailor programs to those that are injured as they recover. ATs are already versed in collaborating with other health professionals to do what is within their scope of practice to integrate and get best results for their patients, so why are they not referring to fully trained and licensed acupuncturists as well? Acupuncture is much more than sticking a needling in a trigger point or where there is an injury. It is a fully comprehensive style of medicine that has a complex internal medicine diagnostic system which is sorely forgotten, dismissed, and overlooked by other professionals encroaching in our scope of practice. Licensed acupuncturists study in a 3-4 year masters program at minimum that includes thousands of hours of both Western medicine and Eastern medicine diagnostics, Acupoint location, needling methods and techniques, needle depth angling and safety (very important!), as well as clean needle technique. Even MD acupuncture programs are only 200 hours in comparison to an acupuncturist's 2000-3000 hours. After graduation, we must take 3-4 state board exams and become licensed u der our state board of medicine. None of these PTs, chiropractors, nor would Athletic Trainers would have enough training to fully understand how the points they are working on purely in a musculoskeletal manner would affect the internal medicine side of things. There is so much more to acupuncture than just treating muscle knots. It is a danger for the unknowing people to receive acupuncture from anyone but a licensed acupuncturist. As was determined in the state of PA regarding PTs, if they want to perform acupuncture, then they should go to an accredited acupuncture school, take the acupuncture boards, and receive an acupuncture license. The same should apply to ATs. If sports teams want their athletes to receive acupuncture, then they should hire one and not endanger their valuable athletes to undertrained, unqualified, and unlicensed people like PTs and ATs doing a very poor and potentially dangerous version of acupuncture. Thank you for your time.	5/2/25 12:41 pm CommentID:234162
Ruth Neely, LOM	Strongly Oppose! This is DANGEROUS. These people are not licensed needlers.	I comment as an acupuncturist with 28 years experience needling people. There is so much that can go wrong without proper training for dry needling. You can't see under the skin to know where your needle is going, and dry needling involves not just sticking it in, but then moving it all around, poking over and over the area. Doctors and nurses with all the training and experience they have make errors. Let's protect the public, and keep dry needling in the hands of the trained, licensed medical professionals it belongs in. Please!!	5/2/25 12:46 pm CommentID:234163
Anonymous	Strongly Oppose	Manipulation of the acupuncture, needle entails various techniques that require Precision and accuracy, only attainable through hours of practice and even years of experience. Collaboration is key, that which provides safety and effective results for patients in need of this service.	5/2/25 12:46 pm CommentID:234164
Hongmei Ma	Say No to Unlicensed DN Practices by VA ATs	The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. We demand immediate action: *Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. *Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely, Hongmei Ma Licensed Acupuncturist Missouri NCCAOM Diplomate	5/2/25 12:53 pm CommentID:234165
Anonymous	Please don't perform dry needling	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling.	5/2/25 1:02 pm CommentID:234166
Anonymous	No Dry needling	Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/2/25 1:06 pm CommentID:234167
Xiang Li	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is acupuncture which requires in-depth knowledge , specialized clinical training, to develop the safety needling technique. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. I have seen some patients with worsened pain and difficult breathing after they receiving dry needling from physical therapists in Atlanta, Georgia. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/2/25 1:43 pm CommentID:234168
Jan Wilson Chestnut Hill Family Acupuncture	stop athletic trainers from preforming acupucnture	I am an acupuncturist in Pennsylvania. I stand firmly against dry needling unless it is performed by a licensed acupuncturist. WHY? Because licensed acupuncturists are the experts in the field of needling. The health and welfare of the people of the state of Virginia deserve the safest and most efficient treatments available to them for the relief of their pain. Acupuncturists have years of graduate level training, clocking more hour of training than it takes to become a lawyer. Would you want your personal trainer to defend you in court? Certainly not. Would you trust your personal trainer to give you a chiropractic adjustment? You get my drift. VWLet personal trainers do what they do best, train muscle groups. They should refer their patients out to other professional as needed. If they think acupuncture would be a good treatment for their clients, they should refer their clients to a licensed acupuncutrist. Please protect the people of Virginia and make sure they receive their needle treatments from licensed acupuncturists. Licensed acupuncturists are the experts in the field of needling. Thank You, Jan	5/2/25 1:47 pm CommentID:234169
Grace	oppose dry needle	I am writing to formally oppose the endorsement or expansion of dry needling practices within our community. Dry needling, often performed by physical therapists and other medical trainers with limited training in needle insertion, poses significant risks to patient safety. Acupuncture requires extensive	5/2/25 2:53 pm CommentID:234170

		education and licensure for proper treatment. This lack of rigorous medical and anatomical training increases the chances of serious complications, including infections, nerve damage, and even pneumothorax. My concern is not only about public health and safety but also about the lack of regulatory oversight and transparency around these practices. If dry needling continues to be permitted without stricter training standards and proper licensure, we are putting residents at unnecessary risk. I respectfully urge the town council to take a firm stance against unregulated dry needling and to consider supporting legislation that prioritizes patient safety, appropriate medical training, and professional accountability. Public health policy should be grounded in evidence-based practices and proper credentialing, not convenience or cost-cutting.	
Melissa Peterson Hicks	OPPOSED	I oppose athletic trainers doing "dry needling". "Dry needling" ***IS*** acupuncture, just by another name. Anyone practicing this technique should be held to the same standards as an acupuncturist. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. The arguments FOR this measure focus on the benefits for the athletic trainers vs the patient/client & fail to take into serious consideration the amount of training necessary to perform this type of needling safely & effectively.	5/2/25 2:55 pm CommentID:234171
Chris Casola	Strongly Support	I am writing to express my strong support for allowing licensed athletic trainers to include dry needling within their scope of practice. This important advancement would significantly benefit student-athletes across Virginia by improving access to timely, effective musculoskeletal care and aligning our practices with both state and national standards for excellence in sports medicine. It is essential to clarify the distinction between dry needling and acupuncture, as these modalities are often mistakenly equated. While both involve the use of fine, filament-like needles, their foundations and applications differ greatly. Acupuncture stems from traditional Chinese medicine and focuses on restoring energy flow through meridian points. In contrast, dry needling is a contemporary Western medical technique targeting myofascial trigger points to alleviate muscle pain and dysfunction. Athletic trainers are extensively educated in the evaluation, treatment, and rehabilitation of musculoskeletal injuries. With appropriate training in dry needling, they are well-equipped to administer this technique safely and effectively. Numerous states already permit certified athletic trainers to perform dry needling, recognizing both their clinical proficiency and the growing need for integrated, efficient care within sports environments. This issue is particularly critical for student-athletes, who rely on athletic trainers for daily care. These athletes often face frequent and intense physical demands, leading to both acute and chronic musculoskeletal conditions. Allowing athletic trainers to perform dry needling ensures immediate, on-site access to evidence-based treatment, promoting faster recovery, reducing reliance on medication, and minimizing lost time from sport and academics. Requiring student-athletes to seek dry needling from external providers introduces unnecessary delays and creates logistical and financial burdens for families and institutions. Moreover, external providers may lack the sport-specific knowledge and continuity of care that athletic trainers uniquely provide. I respectfully urge the Board to support this vital update to the Medical Practice Act, enabling licensed athletic trainers to practice to the full extent of their training. Doing so will enhance the quality and efficiency of care provided to Virginia's student-athletes and reflect the progressive standards of modern sports medicine.	5/2/25 3:19 pm CommentID:234172
Licensed Acupuncturist	Strongly Oppose	Dry needling is another term for orthopedic acupuncture. Only licensed acupuncturists should be performing this invasive medical procedure, as they have received 2,000-3,000 hours of needle training in a graduate level program and passed several national board exams for state acupuncture licensure. Athletic Trainers are not in a profession that has historically included the use of needles and allowing them to perform dry needling with minimal training in a weekend workshop/continuing education course puts the general public at risk. If Medical Doctors are required 300 hours of acupuncture training for a certification in medical acupuncture before they are allowed to perform acupuncture, what is the logic in allowing Athletic Trainers to dry needle and essentially perform a style of orthopedic acupuncture without the same hours or more of training and licensure requirements as doctors? Dry needling and the re-branding of acupuncture to expand scope of practice within other allied health professions without acupuncture licensure and proper adequate training is a public health issue and needs to be stopped.	5/2/25 4:11 pm CommentID:234173
Anonymous	OPPOSED Out of Scope for ATs: All filiform needle therapies are the practice Acupuncture	OPPOSED: Out of Scope for AT's: All filiform needle therapies are the practice Acupuncture Filiform Needle = Acupuncture needle. Acupuncture is regulated with specific education, training and board licensure to practice legally. No other profession should employ acupuncture therapy without adequate training and legal authority to do so. Public Health Danget!	5/2/25 4:13 pm CommentID:234174
Scott Lawrenson, Liberty University Sports Medicine	Yes to Athletic Trainers performing Dry Needle Therapy	I offer an emphatic *yes* in support of allowing licensed athletic trainers in Virginia to perform dry needling under the supervision of a physician. Qualified and state-licensed athletic trainers are extensively trained in musculoskeletal care and should be permitted to utilize this evidence-based modality to benefit the athletes and clients they serve. Since 1990, athletic trainers have been recognized by the American Medical Association as allied healthcare professionals. In Virginia, the Board of Medicine already sets rigorous standards for licensure. Certified athletic trainers possess at least a bachelor's degree in athletic training—most now hold master's degrees or doctorates, as required by the Commission on Accreditation of Athletic Training Education. Claims of insufficient education ignore the reality of our academic and clinical training, which includes comprehensive preparation in injury evaluation, treatment, and rehabilitation. The National Athletic Trainers' Association (NATA) supports the inclusion of dry needling within the scope of practice for properly trained athletic trainers. ATs frequently work in settings—especially in schools and athletic programs—where they have daily, often multiple, interactions with their athletes. Few other health professionals maintain such close, consistent oversight of their patients. This daily contact allows ATs to provide timely, individualized, and highly effective care. Importantly, most athletic trainers do not bill for services. There is no profit motive—just a clear commitment to care. Allowing ATs to perform dry needling would increase access, reduce delays, and eliminate unnecessary financial burdens, all without additional cost to athletes or their families. Virginia already allows ATs to perform a range of advanced skills when properly trained—including IVs, suturing, and emergency care. Dry needling should be no exception. Other states have updated their practice acts to reflect this reality, despite opposition from groups seeking to restrict access. Scope of practice should be based on demonstrated competency and patient need—not professional turf. I commend the efforts of Mike Kotelnicki and others advocating for this essential change. Supporting this update would empower athletic trainers to deliver the highest standard of care and improve outcomes for athletes across the Commonwealth. Sincerely, Scott Lawrenson, AT/L Liberty University Assistant Athletics Director for Sports Medicine Collaborative Health Partners	5/2/25 4:19 pm CommentID:234175
Melanie M, acupuncturist	Strongly oppose	As a practicing acupuncturist, I believe that only acupuncture professionals should needle patients to affect their health and athletic wellness. My training consisted of over 3000 hours of theory, palpation, anatomy & physiology, and supervised clinical training. I had over 500 hours of patient care experience by the time I graduated acupuncture school. Often, physical therapists, chiropractors and athletic trainers only study for a weekend course before they advertise "dry needling." It is confusing for patients who do not understand the distinction between acupuncture and 'dry needling' and it can lead to injury, nerve irritation and adverse outcomes. My sister is law was just injured in a chiropractic office when someone 'dry needled' her neck, and now she has nerve pain. Please heed the waning of the professionals who actually spend years learning how to improve health through needle and acupuncture therapies. Thank you!	5/2/25 5:39 pm CommentID:234176
Erica Wiles	Strongly Oppose Athletic Trainers Dry Needling	Athletic trainers should not be allowed to perform dry needling. As a licensed acupuncturist, I completed a rigorous four-year Master's program, passed a Clean Needle Technique (CNT) exam, treated over 250 patients in a supervised clinical setting, and passed three national board exams to ensure I could safely and effectively perform needling procedures on patients. Dry needling is an invasive procedure that requires a deep understanding of anatomy, physiology, pathology, and clean technique. Acupuncturists are specifically trained in these areas. In contrast, athletic trainers are not educated or clinically trained to perform invasive procedures like dry needling. Their programs do not include training in clean needle technique, nor do they require supervised clinical experience involving at least 250 needling treatments prior to graduating. Needling without proper education and hands-on experience puts patients at risk for serious complications, including pneumothorax, nerve damage, bleeding, and infection. If another profession wants to perform this type of treatment, they should undergo the same comprehensive education and clinical training that licensed acupuncturists are required to complete. Anything less compromises public safety.	5/2/25 6:13 pm CommentID:234177
Harry Zou	strong opposition to the proposed amendment to 18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/2/25 7:26 pm CommentID:234178
Darren Xie	Dry needling needs license	We demand immediate action: Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely,	5/2/25 8:42 pm CommentID:234179

Anonymous	YES to ATCs Dry Needling	I say YES to this amendment. I have read so many comments about athletic trainers being "unlicensed, uncertified, personal trainers, non-health care providers, etc. to be exact 119 comments that oppose this amendment have said this. All these comments are incorrect. As we are licensed, certified health care providers. Also, if athletic trainers are "a danger to the public, when it comes to dry needling", why hasn't the board of medicine for other states banned ATCs from performing this skill, all these years? The reason is because we are not a danger to the public regarding dry needling and we have the skills and knowledge to prove this.	5/2/25 10:16 pm CommentID:234180
Sammy Toi S Lo	Strongly oppose athletic trainer dry needling	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/2/25 10:36 pm CommentID:234181
Teresa	Oppose	Dear Sir/Madam, I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/3/25 1:17 am CommentID:234182
Viola Huang-Beck, LAc	Strongly oppose: acupuncture is out of scope for AT&#65533;s	Dry needling is a medical procedure that requires medical licensing and oversight. Patients must be protected from under-trained, unqualified non-medical trainers.	5/3/25 1:39 am CommentID:234183
Sara Allen	AT dry needling is unsafe	AT's should not be allowed to dry needle because they do not have enough anatomy training or medical training to keep the PUBLIC SAFE. In a state that requires ACUPUNCTURISTS with degrees and licenses and Western medical training to "obtain "written documentation that the patient has received a diagnostic examination from a licensed practitioner of medicine, osteopathy, chiropractic, or podiatry with regard to the ailment or condition to be treated or provide to the patient a written recommendation for such a diagnostic examination."—-AT's inserting needles into people without a license is absurd. Additionally, DRY NEEDLING with acupuncture needles is acupuncture! And anything less than state acupuncture licensure is UNSAFE for the public!	5/3/25 1:57 am CommentID:234184
Amy Green Dipl.Ac., L.Ac.	Absolutely oppose	Would you want carpenters taking a weekend training in electrical work and then calling themselves electricians? Allowing ATs to practice infringes on the scope of acupuncturists who dedicated years of their lives to mastering the science and skill of needling for numerous conditions including musculoskeletal, neurological, and mental-emotional ailments. This bill would undermine and be a slap in the face to an entire profession of citizens. If ATs want to needle, they can put in the years and become licensed acupuncturists. Allowing ATs to both encroach on another profession by both renaming a technique recognized by the WHO and the AMA as acupuncture, and taking slapdash courses is not the answer.	5/3/25 4:37 am CommentID:234185
CB	Please protect our profession	Dry needling is essentially acupuncture. Dry needling threatens acupuncturists&#65533; profession. It doesn&#65533;t really matter how rigorous their training is. You are threatening our profession. Lawyers made it illegal (a crime) to practice law for anyone who do not have a law degree, despite many paralegals or any other well-trained in the law being able to do what lawyers can do. Sports trainers, you have your living without acupuncture/dry needling. We are already being threatened by PTs and chiropractors who also have their own modes to make a living. Taking that exclusive right (to needle&#65533;acupuncture) away from us is telling us to just starve to death and waste years of training and tons of money. We are the minorities who are trying to really delve into this ancient field of medicine showing how effective it is and people who see the benefits are trying to rip us to pieces. Want to practice dry needling? Get the legitimate training for fairness, please. You will have a lot of credits transferred already. Protect minorities please. Just give us chance to grow and increase in number. Acupuncture training is wholesome and legitimate and studies internal diseases and not just the external (muscle/tendon) diseases. We do not invade others&#65533; scope of practice. Don&#65533;t invade ours please.	5/3/25 6:25 am CommentID:234186
max Hyun	strongly oppose. Dipl. O.M.	Dry needling is a technique used by healthcare providers to treat musculoskeletal pain and movement issues needling trigger points with needles. Some people argue that inserting a fine or ultra-fine, I will say acupuncture needles, on the trigger point, is not an acupuncture technique. Let's go back to a brief history of Chinese Medicine. Sun Simiao, a legendary physician of the Tang Dynasty, played a significant role in the development of Ashi points in acupuncture. Ashi points are acupuncture points that are identified based on pain response rather than fixed anatomical locations or say meridians. The term "Ashi" comes from the phrase "Ah, yes!", reflecting the patient's reaction when the point is pressed. These are often used in pain management and musculoskeletal treatment. Needling Trigger points or Ahsi points are part of the acupuncture practice period. But if healthcare providers hold NCCAOM or state-recognized Acupuncture or OM licenses, I strongly recommend them to utilize their skill sets. Every licensed OM or Acupuncture practitioner goes through rigorous classes and schools so we can treat our patients in a healthy and safe manner. e	5/3/25 8:16 am CommentID:234187
Corey Pile	Why are acupuncturists required to go to school and take the boards if a weekend class is sufficient	Why are acupuncturists required to go to school and take the national boards if a weekend class is sufficient? Acupuncturists have to jump through many hoops in ordered to be a licensed member of the health care network. We receive 2-4 years of curriculum, we learn the language and theory of other medical practices, we have to take CPR and first aid training, we have to pass an exam and practical to prove safe biohazard material practices, and we are required to sit for and pass 3-4 medical boards. All of this before we are able to able for a license and get malpractice insurance. How come other health care providers can take a weekend course (1% of acupuncture training) and they are allowed to practice the same methods of acupuncture? If dry needling is utilizing the same tool as acupuncture. Plus has the same bio hazardous material byproduct, and poses the same medical risks like puncturing internal organs as acupuncture, than those practicing dry needling should be held to the same standard of training and certification as acupuncturists.	5/3/25 8:46 am CommentID:234188
Acupuncturist	OPPOSE Athletic Trainer Dry Needling	I am OPPOSING 18 VAC 85-120 This is a dangerous addition to an athletic trainers scope of practice. They do not have enough training or experience to add this to their practice. Acupuncturists are required to complete at a minimum 3-4 years of rigorous education, pass extensive board examinations and acquire licensure. This includes extensive biomedical education and a comprehensive understanding of anatomy and physiology. Additionally we must understand and adhere to clean needle techniques, and obtain certification in them. Additionally, we have to go through hundreds of hours of clinical supervision... is a weekend course enough? I hear the same story over and over from patients. One dry needling session by an inexperienced PT or trainer has left them in more pain than when they arrived. Athletic trainers performing dry needling is putting the public AT RISK for injury and infection.	5/3/25 8:53 am CommentID:234189
Aaron Schreiner, Liberty University	Yes for ATC to dry needle	Vote Yes to allow Certified Athletic Trainers add dry needling. To be quick, this discussion is not about efficacy (already well established) or safety as long as practitioners stay within their training level (there needs to be multiple levels of training and permissions). This conversation has devolved into a "turf war" centered around fear of who gets what piece of the health care dollar. 1. Current scope and education of athletic training is adding basic skills to athletic training practice such as simple uninterrupted sutures and emergency IV placement for hydration and heat illness. These are invasive skills, and the Team Physician should be signing off on these skills and subsequent standing orders placed in a policy/procedure manual. No one argues about Athletic Trainers being trained and supervised for these skills because no one is worried that dollars are not being spent at local Emergency Departments or Health Clinics. To be satirical, if all the sutures would someday be done in a training room, would that mean no one would ever need to use an Emergency Room anymore? Of course not. Allowing Athletic Trainers to dry needle is about the fear that Athletic Trainers would somehow take all the dry needling "money" from other providers. 2. Athletic Training is and should not be worried about revenue stream. Side point, when our skill set comes to its end, a referral to the best provider or manual therapist should be quickly done for the best aid for the athlete/patient. We should be focused on maximizing performance by using our personal skill set, building a Provider Team around our athletes/patients, and learning from that Team of providers to help future patients. Athletic Training is a collaborative effort. A principal part of our vocation is to get athletes/patients to the right provider at that right time. Allowing Athletic Trainers some base level dry needling skill only helps this group effort. 3. Not to point fingers but: a. Acupuncturists believe only they should "dry needle". Not athletic trainers, not physical therapist, not chiropractors, not any other therapist other than acupuncturists. Only they have the correct theory "how to needle." I believe this is an incorrect philosophical belief. That said, they have the most experience and I would refer an athlete to them for my most difficult cases. Not for their "theory" but honestly for their acquired skill. b. Physical Therapists (only some) can still struggle with the belief that athletic trainers are just not educated, or skilled enough do things like dry needling. But I don't believe this is the real reason Physical Therapists would push against Athletic Trainers dry needling. Money is the reason. Not to get stuck here, but Physical Therapy referrals are an important part of building an Athletic Performance Model. There should be and there will be continued referrals to Physical Therapists for rehabilitation, manual therapy, and dry needling work. For these reasons and many others, please consider clearly defining dry needling as a valid tool in the Athletic Training Scope of Practice in the State of Virginia. Thank you.	5/3/25 9:27 am CommentID:234190
Sam Pierceall	In opposition to amendment to 18VAC85-120-110	Acupuncturists have to undergo four years of intense training to even begin to understand the medicine enough to be able to use it for helping patients that come in to see them. Giving the practitioners of any other type of medicine the same scope of practice - albeit under the conveniently renamed and rebranded title of "dry needling" - puts patients at risk, and puts the field of acupuncture and its practitioners in jeopardy from any injuries received by these undertrained (in point location, needling knowledge, technique, and related skills) as the average layperson does not differentiate between dry needling from someone with weeks or months of training and acupuncturists who studied theory and practiced needling for years before ever laying hands on a patient. This is nothing more than a thinly veiled maneuver to "legitimize" acupuncture by co-opting the medicine as it has been practiced for thousands of years, and it is patients and acupuncturists who will suffer with this lowered standard of training.	5/3/25 10:29 am CommentID:234191
Defense Health Agency, Vincent Kam U.S. Army (Retired)	Strongly oppose rulemaking on athletic trainers petition	The Army has changed the Holistic Health and Fitness program on manning in Brigade Combat Teams for budgetary reasons. The authorizations for physical therapists are now replaced by strength conditioning coaches, i.e. athletic trainers in the Brigade Combat Teams. For Soldiers with health issues, Army policy directs Soldiers to seek assistance through medical channels, and not from strength conditioning coaches. Allowing the Virginia rulemaking to make needling available to athletic trainers will bring harm to Soldiers because it is against Army policy. For this reason, athletic trainers in the public sector should be able to recognize their limitations on wellness training and be able to refer clients to proper medical channels, and not attempt to assume the high risks inherent from invasive medical procedures that are not covered by their malpractice insurance. The secondary impact if this rulemaking is allowed to stand should be the requirement for accrediting training facilities as healthcare facilities. One of the accrediting organizations will have jurisdiction in allowing the training facility to serve in a medical capacity. The athletic trainers would require supervision on the scope of practice, forcing the owners of wellness and sports training facilities to budget and acquire medical supervision and documentation capabilities that currently don't exist. The underwriting industry will have to calibrate the malpractice insurance to the level that current facilities of allied health professions pay for the same coverage. For these reasons, the delivery of healthcare by athletic trainers in sports facilities is wrong and should be left to the trust of public safety from regulated professions such as medical doctors and licensed acupuncturists.	5/3/25 12:22 pm CommentID:234192
Anonymous	strongly oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling.	5/3/25 8:18 pm CommentID:234194

		Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Jennifer Sun	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/3/25 11:05 pm CommentID:234195
Felicity An	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/3/25 11:20 pm CommentID:234196
Lin Pan, Pan Acupuncture & Herb	Dry needling only can be used by acupuncturists!	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/3/25 11:30 pm CommentID:234197
Qinghui Zhong	Strong Opposition to the amendment	Dry needling is a invasive procedure that requires technique as a licensed acupuncturist. If a athletic trainer has not sufficient education and training as a acupuncturist, this proposal threatens the public safety. We have many lessons of failure cases of dry needling by nonproper trained practioner. I urge the Board to reject this amendment and uphold the standards that only well-trained professionals are permitted to perform dry needling.	5/3/25 11:46 pm CommentID:234198
Qingyan Zhao Licensed Acupuncturist. Hope Acupuncture and Wellness LLC	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax which could be fatal. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 7:42 am CommentID:234199
Anonymous	oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 8:04 am CommentID:234200
Jie Sun	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 8:22 am CommentID:234201
Jie Sun	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 8:42 am CommentID:234202
Ju Jin	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 8:59 am CommentID:234203
Wenjing Zhao	Oppose paragraph	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 9:40 am CommentID:234204
Yanqun Zhong	Oppose	I oppose to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. It's a threat to the public safety because athlete trainers don't have efficient qualification to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 9:55 am CommentID:234205
Yufei Yang	Oppose	I am writing to express my strong opposition to the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling.	5/4/25 10:08 am CommentID:234206

		Dry needling is an invasive procedure that requires extensive anatomical knowledge and specialized clinical training to be performed safely and effectively. Licensed acupuncturists undergo rigorous education and hands-on training to develop the skill and precision needed to avoid serious complications such as infection, nerve injury, or pneumothorax. Allowing individuals without this level of training to perform dry needling poses a significant risk to public health. This proposal compromises patient safety, exposes the Board of Medicine to increased liability, and undermines the standards established by Virginia law and regulation for the practice of acupuncture. I urge the Board to reject this amendment and to uphold the protections that ensure only qualified and properly trained professionals are authorized to perform needling	
Iva V	Oppose	Strongly disagree this .	5/4/25 10:15 am CommentID:234207
Tracie Robbins-Beasley	Oppose.	This is out of their scope of practice for a reason and should remain as such.	5/4/25 10:31 am CommentID:234208
Licensed Acupuncturist	Strongly Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax (punctured lung). This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly and rigorously trained acupuncture professionals are permitted to perform dry needling.	5/4/25 11:03 am CommentID:234209
Shara Resende	Strongly Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax (punctured lung). This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly and rigorously trained acupuncture professionals are permitted to perform dry needling.	5/4/25 11:19 am CommentID:234210
Anonymous	Strongly Support	Athletic trainers have the education and training to dry needle. Athletic trainers have been dry needling for years actually (depending on state), and some of us can do IVs others were allowed to do vaccine injections hiring COVID-19. With that being said, taking the skills we have and have successfully been doing (depending on state), and what we've trained for a students, isn't a logical move. Half the comments from the acupuncturist community say were personal trainers or non licensed health care providers, but I know the board of medicine knows otherwise. We are trained and certified health care providers with the knowledge and skills to dry needle. With the proper training (certification) we have the ability to help out patients and continue to do so. lastly, acupuncturist brought some stats saying out of XYZ Million people they treated they had X amount of cases. However none of those stats opposing PTs and ATCs to dry needle mention how many millions of people we have helped with no to few/ rare incident rates. With that being said, they're risks to dry needling, hence why taking the time to properly perform patient education and consent is so important too. We aren't just randomly poking a patient with a needle. We are going for trigger points, or certain muscle groups within the area, as well as being aware of the anatomy around the area, so choosing the proper needle length and direction and placement. We know the risks of dry needling, we also have the education and skill to avoid any incident's and if we believe further help is needed we refer to an acupuncturist or someone else. This amendment should be supported by the board of medicine, we have been in school for 6+ years, we have the knowledge and skill base to learn dry needling and perform this skill proficiently. Thank you for you're time. - ATC	5/4/25 12:14 pm CommentID:234211
Robert Hoffman	Strongly Oppose	Acupuncturists are required to take almost 3000 hours of training, including anatomy and physiology, needling safety and techniques, as well as Chinese medicine philosophy and diagnosis. In China, schooling is 7-8 years. Here it is 3-4 years. How can anyone allow a weekend course to replace this level of education?	5/4/25 12:24 pm CommentID:234212
Anonymus	No on physical therapist dry needling	strongly oppose	5/4/25 12:51 pm CommentID:234213
Heather Vandeburg Lac	Opposed.	As a licensed acupuncturist,I had to be in a supervised clinic setting for 3 years before I was allowed to independently needle people. There is not enough clean needle technique training in dry needling programs. I had to take a written and practical exam. Why hold my profession to these safety standards and not hold everyone that needles the public to the same. Trainers have even less schooling in anatomy and physiology than physical therapist. A long weekend course is never going to be enough training to deal with serious life threatening possibility of dealing with blood and piercing into tissues.	5/4/25 12:52 pm CommentID:234214
Yuna	Downgrade the public health quality	People deserves better health services, real acupuncture!	5/4/25 1:14 pm CommentID:234215
Sarah Rivkin	Opposed to athletic trainers dry needling	Athletic trainers should not be able to perform pseudo acupuncture with a scant 25 hours of training. This is not safe for the public. Acupuncture is extremely effective and safe when performed by a licensed professional with sufficient training and experience. Athletic trainers do not meet this standard. They have a fraction of the training that LAc's or MD's receive. Thanks for listening!	5/4/25 1:20 pm CommentID:234216
Vilas Keith	Opposed	This would be a threat to public safety. Dry needling is an invasive medical procedure. It is beyond the scope of practice of athletic trainers. The AMA recommends that dry needling only be performed by physicians and licensed acupuncturists.	5/4/25 1:21 pm CommentID:234217
Michel Lau	Oppose Dry Needling by Athletic Trainers	We respectfully urge the board to oppose the proposed amendment to 18VAC85-120-110, which seeks to grant licensed athletic trainers the authority to perform dry needling following training and physician screening. Dry needling is an invasive procedure involving the insertion of filiform needles into myofascial trigger points and other soft tissue structures to relieve pain and dysfunction. While it is often distinguished from acupuncture in terminology, the technique is fundamentally identical to acupuncture as defined in traditional and contemporary medical practice. Allowing athletic trainers—who do not possess the requisite education, clinical training, or licensure in acupuncture—to perform this procedure poses significant risks to public health and safety.	5/4/25 1:30 pm CommentID:234218
Anonymous	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 1:49 pm CommentID:234219
Di Fu	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires a licensed acupuncturist with in-depth knowledge, specialized clinical training who has well-developed the safe needling techniques. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the practice of medicine, and undermines the rigorous education and licensure standards enacted by Virginia Law and regulations, which licensed acupuncturists must meet. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 1:58 pm CommentID:234220
ATOM	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires a licensed acupuncturist with in-depth knowledge, specialized clinical training who has well-developed the safe needling techniques. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the practice of medicine, and undermines the rigorous education and licensure standards enacted by Virginia Law and regulations, which licensed acupuncturists must meet. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 2:03 pm CommentID:234221
Anonymous	Strongly Oppose!!	Dry needling by anyone other than a thoroughly trained Licensed Acupuncturist, is setting up patients for grave danger to be injured (pneumothorax, as well as other internal organ punctures and multiple injuries). We have gone through extensive training, thousands of hours and deserve a right to protect our profession. Please keep the general public protected, as well as our profession that is our livelihood. Sincerely, Mandi Trimas, L.Ac.	5/4/25 2:18 pm CommentID:234222
Junfeng Li	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling.	5/4/25 3:24 pm CommentID:234223

		Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Xining Wang	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 3:42 pm CommentID:234224
Zonglan Xu	Strongly oppose to 18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 4:09 pm CommentID:234225
Jie chen	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 4:37 pm CommentID:234226
Yubichen	Opposed	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 5:45 pm CommentID:234227
Acupuncture student	Oppose	This is a licensed acupuncturist's job. We go through rigorous hours of training, exams for 4 plus years. Not to mention, needling will also affect the immune system. A physical therapist that simply dry needles does not know how to take care of the repercussions that come after a dry needling treatment. Leaving the patient susceptible to getting sick after treatment. Example: their shoulder pain improves, but then patient catches a virus afterwards. An acupuncturist goes in depth in learning the ins and outs of acupuncture treatment so knows how to mitigate any possible side effects. All in all, acupuncture should be done by a licensed professional who knows how to avoid any potential harm.	5/4/25 6:13 pm CommentID:234228
Donna Zou	Strongly oppose	It's a serious practice requiring a state license in acupuncture. Changing a terminology, but using the same tool and doing the same healing treatment on human is not acceptable. Please turn it down!	5/4/25 6:28 pm CommentID:234229
Claudia Burkhalter	Dry needling	Strongly oppose	5/4/25 6:46 pm CommentID:234230
Laraine Crampton	Dry needling	Strongly oppose. Should be reserved ONLY for trained acupuncturists.	5/4/25 7:18 pm CommentID:234231
Will X. Cao	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 7:23 pm CommentID:234232
Litao Fu	Strongly oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 8:43 pm CommentID:234233
Jing Chen	Opposition to the proposed amendment to 18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/4/25 10:52 pm CommentID:234234
Diane Weiss, LAc, Dipl OM	Strongly Oppose	I strongly oppose the amendment to allow athletic trainers to dry needle athletes. Acupuncturist go to school for 4 years minimum and needling is in the professional scope of acupuncturist- Hire licensed acupuncturist to work with athletes - we have been trained to find the source of the problem. Please protect the license of acupuncturist- we have worked hard to have the needed skill to properly needle.	5/5/25 1:18 am CommentID:234235
Josh Kwon	Absolutely opposed to dry needling by non-acupuncturists	Dear Virginia Townhall, I am writing to formally express my deep concern regarding the continued allowance or potential expansion of dry needling practices by individuals who are not licensed acupuncturists and have not undergone comprehensive training in Traditional Chinese Medicine (TCM) or supervised clinical instruction. Dry needling is acupuncture—whether labeled as a "modern technique" or framed as something separate, it still involves the insertion of filiform needles into the body to manipulate physiological function. When performed without adequate training in the underlying diagnostic systems, channel theory, and the energetics of the body, it is not only unsafe, but misleading to the public. Allowing non-acupuncturists such as physical therapists or chiropractors to perform invasive needling procedures after minimal weekend courses: • Jeopardizes patient safety, as needling improperly can cause serious harm, including organ puncture, nerve damage, or infection. • Erodes the integrity of the acupuncture profession, which requires years of rigorous biomedical and classical TCM education, including hundreds of hours of supervised clinical practice. • Constitutes cultural appropriation, stripping away centuries of carefully preserved knowledge and reducing a holistic system of medicine into a mechanical, symptom-focused modality. • Undermines public trust and devalues the commitment of licensed acupuncturists who have dedicated their lives to mastering this art and science. I urge you to uphold public safety and professional integrity by: 1. Prohibiting the practice of dry needling by individuals without acupuncture licensure. 2. Recognizing dry needling for what it is—acupuncture—and regulating it accordingly. 3. Honoring the cultural and medical heritage of TCM, rather than allowing it to be fragmented and commodified without respect or understanding. Thank you for your attention to this critical issue. I respectfully request that this statement be entered into the public record and considered in any policy decisions moving forward.	5/5/25 6:00 am CommentID:234236
Anonymous	Yes to ATCs Dry Needling	Athletic trainers have the knowledge and skills to dry needle. Physical therapist dry needle in multiple states as well as Atheltic trainers. We have been helping our patients and have provided outstanding care. Doctors can do IVs and injections but so can nurses. Are they taking away from a doctor's profession? No. They're performing the duties and skills they have been trained to do, just like an athletic trainer. Limiting the athletic training profession isn't the answer. I appreciate your time in reading this.	5/5/25 8:36 am CommentID:234241
Jieru Sun traditional Chinese acupuncture and wellness Center	Against 18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations.	5/5/25 9:20 am CommentID:234243

		I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Ashley Sennett, MS, ATC, LAT, CES	In Strong Support of Athletic Trainers Utilizing Dry Needling Techniques	Throughout my time both as an athletic training student and a practicing clinician, I have recognized the importance of proper education for various modalities, techniques, and maneuvers taught throughout our education. Currently, a Certified Athletic Trainer is required to undergo 4 years of undergraduate studies in addition to 2 further years of master's studies. Throughout this education, Athletic Trainers undergo intensive education and training on anatomy and physiology of the body, proper procedures for various techniques used in pain relief, muscular adhesions, sports related injury, and compensations. In addition to this education, Certified Athletic Trainers have the opportunity to obtain additional certifications to aid in the treatment of their patients. Dry Needling has been an advantageous addition to Certified Athletic Trainers that have participated in and performed the extensive certification and education process to obtain the certification to perform Dry Needling on their patients. These individuals have put in the time, effort, and educational prowess to complete these certification courses. Therefore, due to the extensive knowledge Certified Athletic Trainers possess on the musculoskeletal anatomy of their patients in addition to the completion of the proper and required certification courses to perform Dry Needling, Athletic Trainer should be allowed to perform this procedure.	5/5/25 9:45 am CommentID:234244
Anonymous	Agree	It is my belief that acupuncturists believe they are the only individuals that should perform dry needling. Physical Therapists and Chiropractors have had to undergo the same opposition and they have continued to perform safe and beneficial procedures. Athletic Trainers undergo the same education requirements of a masters degree that acupuncturists require that is more focus on the musculoskeletal system.	5/5/25 9:50 am CommentID:234245
Lisa Mascall	Strongly Oppose	This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/5/25 9:54 am CommentID:234246
Jessica Powell	No dry needling by non-acupuncturists	I am strongly opposed to athletic trainers using Acupuncture needles. Training to become an acupuncturist takes many years, with years spent emphasizing patient safety, comfort, and comprehensive care. Athletic trainers with minimal acupuncture training put everyone at risk when they try to co-opt these specialty techniques. Allowing them to perform invasive medical techniques would be a dangerous and costly mistake.	5/5/25 10:11 am CommentID:234247
Chunyan Wang, Pain Free Acupuncture	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/5/25 10:14 am CommentID:234248
Virginia University of Integrative Medicine	STRONGLY OPPOSE	As a Ph.D. scientist from Johns Hopkins and having completed my Master's from Virginia University of Integrative Medicine this Amendment will HURT clients who come for dry needling under Athletic Trainers supervision. Athletic Trainers DO NOT have the knowledge nor proper training to administer dry needling. If you vote for this amendment you will be putting innocent clients in DANGER under the supervision of someone who does NOT understand the depth of Traditional Chinese Medicine. This is a WRONG amendment. This is about MONEY. In good conscience, please do NOT pass this amendment. You will be hurting your constituents who believe that you are knowledgeable and voting with their best interests. Think about this--A weekend training workshop (AT trainers) versus a 4-year degree (Masters and Doctorates in Oriental Medicine) is NOT the same thing!! Please vote your conscience and DO THE RIGHT THING!!	5/5/25 10:51 am CommentID:234254
Heather Weidner	Oppose athlete trainer dry needling	Training and understanding for athletic trainers will not be up to the standards of what is needed for the modality of needling.	5/5/25 10:54 am CommentID:234255
Anonymous	Oppose	Acupuncturists go to school for four years to learn how to needle. Why should someone who has done less be allowed to do this? It's dangerous.	5/5/25 11:23 am CommentID:234256
Dr. Andy Rosenfarb	OPPOSE!	If they want to practice Acupuncture/ Dry Needling then go to an accredited school and get your degree. This is unequivocal Scope Creep.	5/5/25 11:33 am CommentID:234257
Anonymous	Strongly opposed	This is not under the scope of practice of athletic trainers. It is not what they went to school for and you do not learn it properly after a weekend training course.	5/5/25 12:17 pm CommentID:234258
Dr. Johnny Finn, DPT, PT, LMT, OMT	I'm a physical therapist and I oppose	I'm a doctor of physical therapy (MCPHS 2024), and licensed massage therapist (Cortiva 2014). I oppose the idea of a doctor of physical therapy (DPT) performing what is referred to as "dry needling." By extension, I absolutely oppose athletic trainers with less education performing it. -For a DPT to get "certified" in it, all they have to take is a 14 hour weekend course taught by another DPT. When I was in school (2024), one of my supervisors who was performing dry needling didn't even have that much; he just watched another DPT do it and then started doing it themselves. (Vs acupuncturists who do over 2000 hours of school and clinical work to get a license, half of those hours being explicit needling practice.) -I kept getting the same script read to me in school/clinic that DPTs seem to give to everyone: that acupuncture needles only go into the skin and not into muscle tissue, acupuncture is called wet needling because the needles are coated in medicine, that acupuncture is better at treating internal imbalances than it is treating pain, or acupuncture deals with "energy" not anatomy - honestly don't know where these ideas came from, they're so erroneous. I've speculated it's due to the Physical Therapy profession as a whole realizing how helpful acupuncture is at treating pain so they wanted to be able to use the techniques while discrediting acupuncturists. They spread these outright lies so widely that it's creating a big misconception of what acupuncture is and what it's used for, thus doing direct harm to the very practice they are stealing techniques from. -Acupuncture is one of the most widely studied medical interventions, and much of the literature used to justify the clinical legitimacy of "dry needling" is drawn from acupuncture research studies. The explicit "dry needling" studies performed by DPTs barely out perform placebo treatments, and show no difference in functional outcomes compared to other physical therapy treatments. -"dry needling" is in quotes because the current use of the term is pretending it is not an already existing acupuncture technique. Every acupuncturist is taught its equivalent; the dry needling description is definitionally acupuncture, so I don't know it's even possible to lie to the general public by saying it's something different. Some acupuncturists use it more, just as some massage therapists lean towards something more sports oriented, the opposite of relaxing; an individual preference, not an ideological one. -There are no objectively determined standards of education, curriculum, standardized national examination, or requisite knowledge, skills, and abilities (KSAs) in place for "dry needling." There are no standards for clinical mentorship. In short, there is no current definition of the practice referred to as "dry needling" and no standardized system of demonstrating either minimal competency or safety. Marketing a technique as distinct from a group that utilizes it, in order to stand out and/or broaden one's scope, is disingenuous. In this case, it's dangerous to the public. I hope I have sufficiently made my case as to why I don't think any athletic trainer should be allowed to perform acupuncture/"dry needling".	5/5/25 12:22 pm CommentID:234259
Julie Phok LAc, Dipl Ac	Strongly Oppose	Athletic trainers should not be performing acupuncture or dry needling due to their lack of specialized education and training required. Acupuncturists have extensive training, typically 4 years of education and over 800 hours of clinical experience to master the techniques. Dryneedling is marketed as a new technique but it's simply a new name for acupuncture but lacks the depth, educational, techniques and safety protocol. It's a shoot / needle and spray, hope for a trigger point system. when there is so much more behind proper needling techniques and point location education needed. Each point on the body has an effect even though PTs and western doctors think it's just a muscle, just a needle. Athletic trainers should not be stepping into this field. Refer to a Licensed Acupuncturist instead.	5/5/25 1:42 pm CommentID:234263
Matt Yates	Support Athletic Trainers to Dry Needle	With additional education, training, and teaching of practice, please allow athletic trainers to use dry needling. We are health care professionals with masters degrees and state licensure. We need to know when to refer out to other health professionals just as we do with orthopedic, gen med, emergency care, etc; but we are capable in assisting the health care and sports performance of our athletes using the technique of dry needling. Thank you for your consideration. Matt	5/5/25 1:50 pm CommentID:234264
Agota Walters	Strongly oppose athlete trainers to dry needle	I am opposing the amendment that would permit athletic trainers to perform dry needling. For safety of the patients extensive medical training is needed; knowing how to safely perform treatment can prevent serious damage or accidents.	5/5/25 2:14 pm CommentID:234265
Stephen Engelhardt, DACM	Oppose expansion beyond scope of training	Athletic trainers have zero training on invasive procedures and how to mitigate the harm that invasive procedures can create. Even M.D.s who are trained to perform surgery and use hypodermic needles are required to complete several hundred hours in a nationally approved training program, followed by hundreds of hours of hands on clinical practice and a national board exam before adding this procedure to their scope of practice. In addition to standard anatomy and physiology coursework that is common to many healthcare professions, acupuncturists complete a full course specific to needling/surface anatomy which is on its own twice the entire training requirement this bill would require. They additionally must complete training on the prevention of infections, both through a course in their schooling and through a national training program followed by national written and practical exams. These are in addition to the series of board exams that licensed acupuncturists are required to complete, the hundreds of hours of hands on training in safe needling, and the hundreds of hours of clinical experience needling patients that must be completed in a nationally accredited training program. By contrast athletic trainers are asking to be permitted to perform this procedure with nothing more than an unaccredited certification that can be completed in a single weekend with no oversight or national certification ensuring even the most basic standards are met. These papermill programs do not sufficiently train athletic trainers to be safe and competent in the performance of this procedure and endorsing their practice of this procedure with such alarmingly insufficient training endangers the public. Research has shown that while licensed acupuncturists cause serious adverse events at a rate of 0.08 per 10,000 treatments (https://pubmed.ncbi.nlm.nih.gov/34489268/) physical therapists and athletic trainers performing this procedure cause serious adverse events at a rate of 9.77 per 10,000 treatments (https://pmc.ncbi.nlm.nih.gov/articles/PMC7015026/), over 100 times more frequent. For a provider performing this procedure full time that is the difference of more than one serious incident per year versus less than one in an entire career for those with proper	5/5/25 2:17 pm CommentID:234266

		training. The most common serious adverse events include causing infections and puncturing vital organs. These are preventable events with proper training, but athletic trainers do not currently receive the training necessary to prevent them, and athletic trainers should not be permitted to perform this procedure until they have received the hundreds of hours of training necessary to bridge the gap between their schooling and the skills necessary to perform this invasive procedure safely. Dry needling, or trigger point needling, is a specific technique within acupuncture under a category of acupuncture techniques called "ashi" needling. It is a procedure that is performed with acupuncture needles in the same way and for the same purpose as a licensed acupuncturist would do. While some outside the acupuncture profession may misunderstand it as being separate from acupuncture, it is an acupuncture technique originally taught to medical doctors by acupuncturists that spread to other professions thereafter. It is not separate from acupuncture but rather a small part of what acupuncturist might do within a treatment. When patients experience this treatment they understand that it is acupuncture no matter how it might be rebranded or labeled. When an athletic trainer causes an adverse event, even a minor one, the patient walks away associating that adverse event with acupuncture and then avoids receiving proper care from a fully trained acupuncturist. Patients depend on their legislators to ensure those being permitted to perform medical procedures are properly trained to perform them safely and effectively. By permitting athletic trainers to perform this procedure without any training on invasive procedures in their education and with only a brief exposure to the topic in a papermill certification course with no oversight, the standard of care is being greatly reduced and patients are being unnecessarily put in harm's way. While I have actively supported other professions such as medical doctors and chiropractors adding this procedure to their scope of practice with proper training, the horrifyingly insufficient training that this bill would require has me asking you to please oppose this bill for sake of patients in Virginia.	
Diane Carter	They don't know what they're doing	I'm a former ICU charge nurse, then nurse anesthetist and now nationally board certified acupuncturist (a total of 10 years of medical education). My acupuncture training was 4 years and 1800 hours of class/clinic work. There are many instances of those without the years of training to be a licensed acupuncturist causing pneumothorax (a dropped lung) doing "dry needling". Of course, when there's a complication caused by those with inadequate education, it's then called acupuncture. Leave medical care in the hands of those who are fully trained.	5/5/25 2:42 pm CommentID:234267
Anonymous	Oppose. Need more full-length training.	Every professional has to remain in their scope of practice. Athletic trainers may be skilled in their knowledge of the body through the lens of athletes, but this medicine is beyond simply locating and needling. Acupuncture students and professionals go through three to four years of extensive training on not only learning the anatomy and point locations, but also understanding the unseen mechanisms behind the medicine. Dry needling only mimics a portion of this, and is absolutely not a holistic representation of how this medicine can be used to promote healing.	5/5/25 2:57 pm CommentID:234268
Melanie Katin	Strongly oppose	Acupuncture training for licensure is extensive for a reason, because patients can be harmed if it is done by people with limited knowledge. Dry needling is Acupuncture, with a new name to mislead the public.	5/5/25 3:46 pm CommentID:234272
Alyson Bayer DAOM	Oppose	This is a safety issue. They have no training vs the thousands of hours of training an acupuncturist has.	5/5/25 4:54 pm CommentID:234273
Anonymous	Oppose	I am not for this at all, needling should be done by a trained acupuncturist.	5/5/25 5:27 pm CommentID:234274
Anonymous	Strongly oppose	Strongly oppose	5/5/25 6:16 pm CommentID:234280
Kaiwu Mondello	We Say No to Unlicensed DN Practices by VA ATs!	Re: We Say No to Unlicensed DN Practices by VA ATs! The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue.	5/5/25 6:20 pm CommentID:234281
Candice Jeffah	Strongly oppose	acupuncture is not simple a technician's skill where a needle can be stuck in a place to achieve an outcome. Acupuncture is both science and art and needling incorrectly is not only dangerous, it can have unintended outcomes for a person's body mind an spirit. I feel it is grossly inappropriate to allow people without the appropriate training of understanding the complex way that the meridian system interacts to be permitted to conduct needling.	5/5/25 8:01 pm CommentID:234332
Angela Love Storkan	Oppose	Good evening, I oppose this bill because as an acupuncture student I understand the importance of safe acupuncture which requires extensive training. I urge you to deny this bill unless extensive training or license in the field is obtained. I don't believe anyone who has not received a masters in acupuncture should be allowed to perform dry needling. I appreciate your time.	5/5/25 8:40 pm CommentID:234350
Stephanie Pina NMD(AZ), Virgina Licensed Acupuncturist	Opposition to Dry Needling Proposal 18 VAC 85 -120	I am writing this comment in opposition to allowing athletic trainers in Virginia to practice dry needling as proposed in 18 VAC 85 -120. The basis of my argument lies in athletic trainers do not have the clinical experience and education to perform the procedure of dry needling, which is different from other manual therapies for which they have received training, and there is no current way to monitor the training and safety of the public who may receive this therapy. This technique can also be considered acupuncture. In Virginia, the definition of acupuncture is the insertion of a needle into the body to create physiologic change. The actual definition is the same for dry needling, which was largely debated a few years ago when the Virginia Physical Therapy Board allowed its members to perform dry needling in this state. At the time of this public commenting period, there has been no change to this definition. Athletic trainers are not trained in the proper use of the insertion of needles to create physiologic change. Education: Many comments mention that the education of athletic trainers in areas such as anatomy, physiology, and manual therapies is adequate to perform dry needling. I do not think the goal of this public commenting period is to address how many hours an athletic trainer receives in school, as if they did not complete these hours and requirements, they would not be licensed. I wish to highlight that the training to perform this procedure is not part of their standardized training, and nothing has been determined as an adequate amount of training for this profession. This is still debated, and without standardization, even with the physical therapy and chiropractic training programs for dry needling. Many have mentioned the need for additional education or certification to be allowed to perform dry needling; however, as of now, the public has not been made aware of how that would be performed, what kind of training, in person or online, multiple hours or days, or if this training would be standardized. Without this information, the public is at risk of receiving even a minimally invasive treatment, such as the insertion of needles for therapeutic benefit, from someone who is inadequately trained to do so and could create potential harm. One could make a case that if the only training needed to perform dry needling was experience with the insertion and use of a needle, then a trained phlebotomist should be able to dry needle as well, but that is not practical. However, phlebotomists have more hours of training in the use of handling needles than many professionals currently practicing dry needling. On the other hand, licensed acupuncturists have many more hours and clinical experience, under supervision, in their training in needling technique, no matter if the needle is used in methods described by traditional medicine or in an orthopedic manner. More than a few hours are needed to use needling in a therapeutic manner, which is not addressed in this proposal. The guidance of a medical practitioner may only serve to provide the diagnosis of what needs to be treated, but the same medical practitioners may or may not be present when the actual dry needling is being performed. The performance of this technique still lies with the athletic trainer who does not have needling training. Public safety and Certification with the Board of Medicine- Currently, other healthcare professions allowed to perform dry needling should also be properly notified of this proposal outside of the public comment period, as it affects their practice. The Virginia Board of Medicine would have to create additional policies and methods to monitor who has been trained properly across multiple professions if a certification process were made available, making sure the public has access to know which professionals have completed their proper training. This adds additional, unnecessary stress to the general Board of Medicine and sub-Boards. The Board has already seen and addressed a similar proposal from the athletic trainers to allow dry needling, before the physical therapist added this practice to their scope. Other attempts to increase the scope of practice by athletic trainers through the regulatory process have also met with opposition, such as the recent proposal to include athletic trainers in emergency room settings. This proposal was addressed in a Board meeting, and it was determined that it would need to be a change in the legislative process. While every healthcare professional wishes to help as many people as possible and wants to enhance the scope of one's profession, there are also times when the addition of a procedure, such as dry needling in this case, will not enhance the practice of medicine and may promote improper use of a technique already practiced by others with training. Another comment mentioned that dry needling by athletic trainers is already practiced in other states. Athletic trainers with licenses in those states and/or additional medical licenses believe their training is suitable to perform this procedure in Virginia, where they may already be practicing it. We saw this statement brought up previously when the physical therapists mentioned they were already practicing dry needling without its inclusion into their scope. There are reasons each state has its own Board of Medicine to determine what is appropriate for its healthcare professions. There are reasons people have gotten additional training to enhance their knowledge. I have another license to practice medicine in another state, but I am not legally allowed to practice in Virginia. Simply because another state allows a procedure does not mean it should be imposed into another state. One also has to assume the training each state requires to be licensed within the profession is one in which the most basic standards are met and applies to someone just out of school, as well as veteran practitioners with more experience, knowledge, and clinical hours. So more seasoned practitioners may be able to perform dry needling without issue, perhaps may not have to report any issues either, but someone directly out of school may not be properly trained to perform that same procedure. There are many reasons, including a lack of education in the use of needles in treating patients, a lack of standardization in such training, and the lack of need for another healthcare profession to perform dry needling, for this proposal to move forward. Medicine that best serves the people often comes from groups of practitioners who specialize in their form of medicine and when needed, refer out to those with proper training in other treatments rather than trying to simply adapt other useful techniques as their own. I hope the Board of Medicine takes the time to consider all the comments, both for and against this proposal, when deciding to make the next step. Does the addition of dry needling by athletic trainers help patients or present potentially unknown harm? Does inclusion of this practice seem necessary when other practitioners are performing this technique per requirements set in place already by the Board? Does the public stand a chance of being misinformed, misled, or misguided by this decision that can affect their health? Over a thousand comments were submitted during the public comment period when physical therapists wanted to include dry needling in their scope of practice. If that many comments are submitted by the public and healthcare professionals about dry needling effects and potential harm, then you know it is a topic that should not be taken lightly. There is too much debate about the procedure itself to just allow it to happen without standardization and regulation. Thank you.	5/5/25 8:56 pm CommentID:234364

Amy Moser, MSACN, LAT, ATC	In Favor of ATs Dry Needling	Dry needling is not the same as acupuncture. Therefore, if a licensed athletic trainer is also certified in dry needling, they should be able to perform dry needling on their patients.	5/5/25 9:11 pm CommentID:234371
Anonymous	Strongly oppose	The technique of acupuncture / dry needling should remain to the licensed medical experts who have spent four years training to use the techniques (licensed acupuncturists). Athletics trainers will hurt their clients if they are given access to dry needling as well as hurt the field of acupuncture	5/5/25 9:14 pm CommentID:234374
Cindy Rao	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/5/25 9:41 pm CommentID:234387
Jordan Lowy	Oppose	Only thoroughly trained acupuncturists should be allowed to needle clients. PT, MDs, and DCs in a weekend seminar are not adequately trained to needle clients, and potentially can cause harm.	5/5/25 9:48 pm CommentID:234391
Anonymous	Strongly oppose	**Strongly oppose** The technique of acupuncture / dry needling should remain to the licensed medical experts who have spent four years training to use the techniques (licensed acupuncturists). Athletics trainers don't have enough training and not qualified for this special technique, they will hurt their clients if they are given access to dry needling as well as hurt the field of acupuncture	5/5/25 10:22 pm CommentID:234396
Dr. Laura Parks	Strongly Oppose	I strongly oppose this. Athletic trainers would need the Masters or Doctorate level hours and training to handle needling anatomy safely (like Acupuncturists, and Physicians), to prevent things like collapsed lung or nerve damage that are commonly seen with inadequate training and dry needling done by those who do not attend enough training for needling. Anything less than 3,000 hours of dry needling or acupuncture training is not enough for public safety.	5/5/25 10:28 pm CommentID:234398
Bin Cai	oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/5/25 10:28 pm CommentID:234399
Seah Kim	Strongly Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dryneedling is another way of calling acupuncture. It should be performed by licensed acupuncturist who has in depth knowledge of the body and how it actually works. Licensed acupuncturists go through years of training in order to be licensed. Weekend dryneedling seminars that are offered to athletic trainers are not sufficient to provide safe and knowledgeable treatment for patients. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/5/25 10:47 pm CommentID:234403
Lauren Morris, MS, LAT, ATC	Support for Dry Needling by Athletic Trainers	As an advocate for high standards of patient care and professional competency, I am writing in support of the petition to amend 18VAC85-120-110 to allow licensed athletic trainers to perform dry needling with special training and physician oversight. Dry needling is an established technique of managing musculoskeletal pain and dysfunction through the insertion of thin filiform needles into trigger points and connective tissue. It is founded on Western biomedical concepts and has a growing evidence base. It is distinct in theory and practice from acupuncture, which is founded on Traditional Chinese Medicine (TCM) concepts and the movement of energy along meridians. **Athletic Trainers Are Highly Qualified** Athletic trainers (ATs) are nationally certified and state-licensed allied health professionals who receive intensive education by CAATE-accredited programs. This includes masters-level education in anatomy, physiology, injury diagnosis, and therapeutic interventions just to name a few. Most programs also include hands-on experience in invasive procedures such as IV administration, wound closure, and the use of injectable, local anesthetics during more uncomfortable procedures. These competencies are already recognized under Virginia law, which has acknowledged the clinical readiness of athletic trainers in related procedures. Research has shown that the majority of foundational knowledge and clinical competencies required for the safe and effective application of dry needling are already included in the educational coursework to become certified in athletic training. This solid educational foundation readies ATs for structured post-professional education in dry needling, contrary to arguments of inadequate "weekend course" preparation. With appropriate continuing education and physician supervision, ATs are well-positioned to safely and effectively incorporate dry needling into patient care. **Addressing Misconceptions about Scope and Safety** While I appreciate the concern expressed by members within the acupuncture community, it is important to delineate that dry needling, as performed within a Western biomedical model, is not TCM or traditional acupuncture. Athletic trainers are not claiming the right to practice acupuncture, and I strongly oppose such misrepresentation. ATs simply want to utilize a treatment modality within their practice set of musculoskeletal evaluation, rehabilitation, and performance enhancement. Patient safety issues must be taken into account for any invasive procedure, and I applaud those on this forum who are putting that at the forefront. These concerns can and should be addressed through the establishment of overt training requirements, standardized continuing education, scope of practice limitations, and physician supervision. Such safeguards already exist for other professions, including physical therapists, who have successfully and safely incorporated dry needling into practice. There is no reason that athletic trainers cannot meet those same standards for the incorporation of this modality into our practice. **Broad Precedent and Multidisciplinary Support** Athletic trainers in a number of states, including Florida, North Carolina, Georgia, Illinois, Maryland, and Iowa, have been authorized to practice dry needling following appropriate training. This policy shift highlights the increasing recognition by legislators, regulatory bodies, and healthcare organizations that dry needling, when performed by trained athletic trainers, is both safe and effective. Furthermore, public endorsement of this amendment within this forum has come from a wide range of healthcare professionals including physicians, physical therapists, chiropractors, and academic leaders in the field. Such widespread endorsement speaks volumes to the trust in athletic trainers' clinical skill and collaborative practice. Opposition to this amendment has largely come from within the acupuncture community, often based on philosophical differences or scope protection, not necessarily concerns grounded in objective risk or training deficiencies. It is also important to point out that allowing multiple professions to share the same tools does not dilute the identity or integrity of any single discipline. As with other areas of healthcare, such as joint manipulation, exercise prescription, or therapeutic taping/wrapping, qualified practitioners from multiple disciplines can safely share these techniques when supported by adequate training and supervision. **Improving Access and Patient Outcomes** Dry needling is a time-sensitive treatment that can reduce pain, restore mobility, and expedite return to activity, particularly in athletes and the physically active population. ATs are on the front lines of care in these high-demand environments such as collegiate athletics, professional sports, and orthopedic clinics. Delaying treatment due to referral limitations or interprofessional silos can result in prolonged dysfunction, higher costs of care, and unnecessary burden on patients Likewise, permitting ATs to perform dry needling under a physician's supervision facilitates earlier access to treatment, reduces unnecessary referrals, and permits appropriate allocation of resources throughout the healthcare system. It also promotes continuity of care because athletic trainers are often the lead provider coordinating an athlete's rehabilitation plan. **A Collaborative Path Forward** Expanding access to dry needling under a structured and regulated framework does not devalue the practice of acupuncture or any other profession. It only acknowledges the evolving needs of our patients and those professionals who work with them. Virginia has already demonstrated its trust in the clinical abilities of athletic trainers, including during the COVID-19 pandemic when ATs were authorized, with physician oversight, to administer vaccines under VA Executive Order 51. That same level of trust, along with sound guidelines and standards, should be applied here today. I urge the Virginia Board of Medicine to support this petition with careful attention to training, safety, and collaboration across disciplines. By doing so, the Commonwealth can ensure that patients receive timely, effective, and evidence-based care from the qualified professionals best equipped to deliver it. Thank you for your time and consideration. - Lauren Morris, MS, LAT, ATC	5/5/25 11:42 pm CommentID:234414

Brianna Silvers	Strongly Oppose	As a student of acupuncture, I strongly oppose this legislation. Dry needling is not safe with the limited amount of training it involves. Needling needs to be completed only by licensed acupuncturists who have been educated for years and trained heavily on the subject, and passed national boards in order to practice. It is not safe to have decreased training involved in this practice. Strongly oppose.	5/6/25 12:04 am CommentID:234415
Lauren Rosso	Strongly Oppose	Only licensed acupuncturists are qualified to conduct dry needling. I oppose this legislation	5/6/25 12:20 am CommentID:234417
Anonymous	Strongly Oppose	The use of acupuncture techniques is, by law, restricted to the acupuncture license scope of practice. These regulations were made for very good reasons: safety, efficacy, and respect for huge medical systems that originated well before PTs and MDs were even a whisper of an idea in someone's mind. It takes years to train a decently competent acupuncturist and East Asian medical specialist. It is insulting and wrong to permit use of acupuncture to 1-2 week workshop participants. Please strike this down.	5/6/25 12:22 am CommentID:234418
Sarah S	STRONGLY OPPOSE	This should be a reserved practice for a licensed acupuncturist who has received the necessary, lengthy training to perform dry needling.	5/6/25 12:33 am CommentID:234419
Sarah Atkiy	Dry needling	Please do not allow anyone to insert acupuncture needles without an acupuncture license!	5/6/25 1:15 am CommentID:234422
Ruth	Oppose	This would be a threat to public safety. Dry needling is an invasive medical procedure. It is beyond the scope of practice of athletic trainers. The AMA recommends that dry needling only be performed by physicians and licensed acupuncturists. Licensed Acupuncturists train for a minimum of three years and treat hundreds of patients before they are licensed. Athletic trainers taking a brief weekend course is not enough training and their clients will be at risk of injury.	5/6/25 8:02 am CommentID:234440
Melissa Ellenbecker	STRONGLY OPPOSED	One training session is NOT enough to fully understand not only technique. It should never be just a "training session" because you can really harm someone if your don't know what you're doing or if it's done in a rush. Leave it to the professionals who train for years.	5/6/25 8:11 am CommentID:234441
Anonymous	Oppose	I strongly oppose.	5/6/25 8:43 am CommentID:234450
Rachel Taylor	Strongly Oppose	I strongly oppose the ability for athletic trainers to use dry needling. This is extremely unsafe and unhealthy.	5/6/25 9:49 am CommentID:234468
Laura Coleson Point Well Taken Acupuncture	STRONGLY OPPOSE	I strongly oppose Athletic trainers using dry needling. As an acupuncturist who used dry needling along with many other techniques from our long Chinese Medicine history it is increasingly disturbing to see other modalities like PTs, OTs and Athletic trainers bringing this into their scope of practice. These traiiings largely involve a one weekend course and have been known to have more adverse events like pneumothorax occur. We see images all the time on social media with poor needling technique that look extremely dangerous. This is because of limited education and providers going way beyond their scope and capabilities. Stay in their lane and leave the true acupuncture to the experts.	5/6/25 10:05 am CommentID:234474
Anonymous	Strongly Oppose	I strongly oppose the AT to use the dry needling. Several people already and fully explained the reasons why they shouldn't. From my experience, some patients had fainting from the dry needling from PT's. Please leave this professional role to the licensed acupuncturists.	5/6/25 10:21 am CommentID:234480
Jillian Levanon	OPPOSE!	Only acupuncturists should administer dry needling/trigger point acupucnture.	5/6/25 10:41 am CommentID:234486
Kari Braun - Northwestern Health Sciences Univeristy	OPPOSED	Opposed!	5/6/25 11:11 am CommentID:234492
Lydia	Strongly oppose	I am writing in strong opposition to the proposed changes to 18VAC85-120 of the Virginia Administrative Code that would permit athletic trainers to perform dry needling after receiving limited training and physician screening. Dry needling is an invasive procedure involving the insertion of solid filiform needles into soft tissue. While it is often framed as distinct from acupuncture, in practice, dry needling is acupuncture by another name — and it carries the same potential risks if performed without appropriate training. Licensed acupuncturists receive extensive education and clinical training in anatomy, clean needle technique, orthopedic needling, and the prevention of adverse outcomes such as nerve injury, organ puncture, and infection. This training takes place over the course of a graduate-level medical program and includes direct, supervised clinical experience. In contrast, athletic trainers do not receive comparable instruction in needle insertion, sterile procedure, or the identification of contraindications for invasive needling. A short training course is not sufficient preparation for performing an invasive procedure with real and serious risks. Allowing dry needling by athletic trainers, even with physician oversight, poses a public safety concern. It undermines the regulatory standards designed to protect patients and sets a dangerous precedent for delegating invasive procedures to providers without the necessary depth of training. I urge the Board to reject the proposed changes and maintain patient safety as the highest priority.	5/6/25 11:20 am CommentID:234494
Mary Margaret Lyons	Strongly support ATCs for dry needling	Strongly support ATCs to perform dry needling. ATCs are licensed health care providers, most with masters degreee or above.	5/6/25 1:20 pm CommentID:234505
Lin K	Opposite	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/6/25 1:25 pm CommentID:234506
Dr. William Ferguson	STRONGLY OPPOSE	"Learning" a needling technique in three days which acupuncturists spend at least 4 years perfecting results in injuries with great frequency. They don't even learn all the points that are contraindicated in pregnancy and induce an unwanted abortion. Horribly inappropriate.	5/6/25 1:43 pm CommentID:234510
Caroline Brohawn, LA.c	Strongly Oppose	I strongly oppose athletic trainers gaining the ability to perform dry needling because they are not trained as acupuncturists, and thus, cannot safely treat patients with these medical tools. I am aware of cases of PTs injuring their patients due to dry needling, which is dangerous to the patient, and instills fear in the public about even the proper use of acupuncture needles. This is absolutely NOT in their scope of practice and is unethical.	5/6/25 3:01 pm CommentID:234520
Chia Jui Tsai	Strongly opposed	OPPOSED to athletic trainers doing dry needling! Insertion to human body required seriously training and knowledge background, opposed to this petition! Let only trained acupuncturist do this!	5/6/25 3:04 pm CommentID:234522
Jackie Leonard, James Madison University	Support for Athletic Trainers to Dry Needle	Dry needling should absolutely be included in the scope of practice for licensed VA Athletic Trainers. ATs are board certified and state licensed healthcare providers who practice under the direction of a physician. We have extensive education and training in anatomy, physiology, prevention of injuries/illnesses, acute care, clinical evaluation and diagnosis, therapeutic interventions of medical conditions, and more. Additionally, our education has evolved to include suturing and IV administration. Unlike acupuncture, dry needling is rooted in Western Medicine and anatomy. It requires additional post-professional training and is a minimally invasive therapeutic intervention that can be safely used to treat pain and musculoskeletal dysfunction in the patients we serve. Restricting ATs from practicing dry needling would be a disservice to the comprehensive, patient-centered care we strive to provide.	5/6/25 3:13 pm CommentID:234525
L Chen	Strongly OPPOSE to dry needling to anyone who is not a licensed acupuncturist	To protect the public from misuse and/lack of adequate knowledge and training to perform a form of acupuncture, such as dry needling, by an untrained person, this suggestive measure should be dismissed and blocked by the committee. No one should put public health in jeopardy due to a lack of safety awareness.	5/6/25 3:39 pm CommentID:234527
Athletic Dry Needling LLC	support of Athletic Trainers Dry needling	I was sent this message board by one of my former students. I have been teaching dry needling for over eight years, I currently hold six different certifications in dry needling. In my eight years I have had the honor of teaching literally hundreds of athletic trainers in all types of settings. I can unequivocally support the education and use of dry needling by athletic trainers. Dry needling is designed to target muscles, ligaments , tendons and periosteum. The athletic trainers are more than educated in the treatment of these tissues and in my experience can palpate target them as well as any other qualified profession. I have taught physical therapist, chiropractors , medical doctors and acupuncturist and can say that everyone of the athletic trainers who have taken our course were beyond safe, knowledgeable and effective. I would be happy to answer any questions the board might have on dry needling and the difference between that and acupuncture. In health, Dr. Scott Dixon, PT, DPT, CSCS, ADN Cert	5/6/25 4:05 pm CommentID:234529
Vance Pickard, Athletic Traininer, Liberty University	In support of Athletic Trainers using the modality of Dry Needling	I support this as a way for AT's to help athletes recover from injury utilizing the best practice	5/6/25 4:33 pm CommentID:234530
Josy G	Strongly support Athletic Trainers for Dry Needling	Dry needling is a highly effective, evidence-based technique that athletic trainers are uniquely qualified to perform, especially when working with athletes who require fast and targeted relief. Opposing its use by athletic trainers disregards the crucial role they play in injury prevention, pain management, and performance recovery. With specialized education in musculoskeletal care, athletic trainers safely integrate dry needling to reduce pain, restore mobility, and support athletes' return to play. Limiting access to this tool hinders both the care athletes receive and the essential work athletic trainers do on the front lines of sports health.	5/6/25 4:40 pm CommentID:234531
Brandon Albin, MHRD, LAT, ATC	Support for Athletic Trainers to dry needle	Providing optimal care to patients is the goal of every practitioner, allowing highly skilled and trained Athletic trainers to perform dry needling in order to treat their patients would benefit everyone involved and create a better outcome for the patients. The patient is the primary responsibility so, the ability for Athletic trainers to add this skill to their treatment plan would be highly beneficial to everyone they interact with.	5/6/25 4:40 pm CommentID:234532
Anonymous	In Support of AT's Using Dry Needling	I fully support athletic trainers using dry needling to treat their patients. It allows athletic trainers to give their athletes quality care, resulting in decreased pain and improved range of motion when recovering from an injury. Most Athletic Trainers receive the education to perform dry needling and should be allowed to continue the practice. Thank you for your consideration.	5/6/25 5:10 pm CommentID:234533
Rebecca Maldonado, MS,	ATCs and Dry Needling: Why it's	Dry needling performed by athletic trainers is not only providing the athlete to perform at their best, but they have the ability to get dry needled at times where acupuncturists are not available. Athletes attend classes, are in extracurricular activities, some work, and some might have to go take care of their families. Who is the one person they see everyday? Their athletic trainer.	5/6/25 5:27 pm CommentID:234535

LAT, ATC	Needed	Athletic trainers are constantly traveling with their teams and seeing them at all hours of the day before practice as well as after. Athletic trainers are vital for keeping athletes at their best capacity. Dry needling gets straight to the source and takes up very little of the athlete's time. Athletes feel an immediate difference right after. So, in summation, dry needling is an important tool in an athletic trainers tool box and the athletes have easier access to receiving the treatment rather than having to set up and appointment and paying out of pocket.	
Anonymous	ATCs SHOULD be able to DN!	As an ATC myself, I feel that our extensive knowledge on the human anatomy is a great reason why we should be allowed to practice DN in our state. As we work on primarily the athletic population, this tool is a great source to include in our rehabilitative protocols for recovery and muscle energy techniques. We should have Level 1 certification under our list of credentials to practice this craft, along with 50 hours of supervised practice from another licensed professional.	5/6/25 6:55 pm CommentID:234544
Anonymous	Yes to ATC dry needling	Best modality to use	5/6/25 8:46 pm CommentID:234579
Anonymous	FOR ATC DRY NEEDLING	This modality has helped more athletes return to play than most	5/6/25 8:47 pm CommentID:234580
Jennifer Drake, DACM, L.Ac.	Opposed - VA still lacks a legal definition of DN	Dear Board of Medicine, Having more votes in favor does not mean it's more correct or safer. As you know, ATs outnumber, Licensed Acupuncturists 3:1 in Virginia. They will naturally have more comments in favor. What I ask you to consider: Does the Board want to assume more risk to itself, the supervising physicians of the AT, and the public by allowing people with very little training (currently, Virginia Law and regulations does not have a definition of Dry Needling, has no minimum education requirements defined, and most schools only teach one class, approximately 45hrs) versus Virginia's needle specialists, with a legal definition and established regulations of training with a minimum of 1,650 hours of acupuncture needles training. Does Board of Medicine want to take on more risk with no legal definition, education requirements, or safety standards? Let's be clear: Dry Needling (DN) is a type of Acupuncture but not all Acupuncture is dry needling. If indeed DN is different from Acupuncture, as ATs claim, then a legal definition is required and solid evidence is needed. Former legislative processes asked PTs to define DN two years ago and yet the PTs, DCs and ATs have *not* defined it. My speculation is because it is NOT legally different from already defined "Practice of Acupuncture" https://law.lis.virginia.gov/vacode/title54.1/chapter29/section54.1-2900/ "Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of the five needle auricular acupuncture protocol (5NP) as exempted in § 54.1-2901." The national definition of DN by the FSBPT is almost verbatim to the above definition of "Practice of Acupuncture." Yes, Athletic Trainers, like PTs, are taught dry needling in school (one class, approximately 45 hours). Ask any AT or PT who is also a Licensed Acupuncturist and you will learn, dry needling is a type of orthopedic Acupuncture. In fact, I learned Dry Needling in my Orthopedic Acupuncture class back in 2009. While Acupuncture has its roots in Chinese Medicine Classical theory, the modern version of Acupuncture taught in Masters and Doctoral level colleges and universities includes nearly 45% of allopathic, western medicine. Acupuncture has been taught in a bio-medical and traditional way in the U.S. since state and national credentialing was granted and more bio-medical models continue to be integrated in all Acupuncture programs around the globe. Where do you think Dry Needling came from? Orthopedic Acupuncture. From Acupuncturists. Apparently ATs think their training is sufficient, but I will ask you if you had to take your own family member to receive the insertion of acupuncture needles (yes, to perform Dry Needling, they buy FDA approved Acupuncture needles), would you prefer the person who took a one semester class or continuing education equivalent (approximately 45 hours) or someone who spent 1,650 minimum hours (Virginia's current legal requirements per the above code)? Is the Board willing to take on that risk and liability? Do ATs really want to take on that risk and liability? ATs currently require the supervision of a physician for practice. This adds another level of risk, especially if their supervising physician is not trained in Medical Acupuncture or Dry Needling. Who is going to supervise this invasive procedure? Are all supervising physicians going to be required to have their 200hours if acupuncture needles training, already established in Virginia Law?	5/6/25 9:04 pm CommentID:234586
Will Barrett	Strongly Opposed	Dry needling is an invasive procedure that requires a licensed acupuncturist with in-depth knowledge, specialized clinical training who has developed safe needling techniques. An acupuncturist's main tool/modality is the act of needling. An acupuncture degree takes an average of 2,500 hours(3 year masters degree) of both classroom and clinical instruction. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens the safety of the public, increases risk and liability to the practice of medicine, and undermines the rigorous education and licensure standards enacted by the state of Virginia, which licensed acupuncturists must meet. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/6/25 9:37 pm CommentID:234592
Angie	Strongly Oppose	Strongly oppose this! As a licensed acupuncturist. There is extensive training needed for this profession. We go through 4 years of rigorous schooling in order to treat patient properly.	5/6/25 10:15 pm CommentID:234597
Steve Z.	Support of Athletic Trainer Dry Needling	Strongly Support Athletic Trainer Dry Needling	5/6/25 11:18 pm CommentID:234603
Jianqin He	Strongly Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 12:35 am CommentID:234607
Dr Hilary Patzer	STRONGLY OPPOSE	Allowing AT's to do an invasive therapy with minimal training puts the public at risk and is very dangerous! Require that they receive adequate training to avoid harming the public.	5/7/25 4:16 am CommentID:234611
Yu Yu	Strongly oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling uses Acupuncture needles. Visually you could not differentiate two of them when these two treatments are performed. Drying needling also called as trigger point acupuncture in other countries. We should not allow Sports trainer to do dry needling because there is no such a way to identify whether he is doing Acupuncture or not. If we allow, then all sports trainer could perform Acupuncture without Acupuncture license, which requires a professional post graduate degree and 3600 clinical hours. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 5:11 am CommentID:234613
Leslie Holloway	Strongly support	The evidence supports the positive effects of dry needling and ATs should be able to perform this in their scope of practice.	5/7/25 6:20 am CommentID:234614
Dr E.Tansey DACM,L.Ac	Oppose dry needling for athletic trainers	This is very unsafe. I have 25 years of experience, 10 of those working doing acupuncture in a level one trauma center, and 27 hours is not sufficient training. This is laughable, dangerous and negligent. Please protect the public from this absolute nonsense. If athletic trainers want to do acupuncture or dry needling g let them go to acupuncture school. This is a safety issue.	5/7/25 7:05 am CommentID:234615
Daniel Carroll, MEd, LAT, ATC	Support for AT dry needling	I support athletic trainers in Virginia practicing dry needling. Athletic trainers are experts in musculoskeletal care, of which the foundation is knowledge of human anatomy and physiology. That same knowledge of human anatomy and physiology are key in the safe and effective use of dry needling. The use of this modality by trained individuals will greatly enhance patient care and outcomes. There are multiple states that already allow athletic trainers to practice dry needling, Arizona, Maryland, and Kentucky, just to name a few. All of these require athletic trainers to complete appropriate educational courses in dry needling as well as having physician approval to apply the modality. Approval of athletic trainers utilizing dry needling in Virginia would follow these same guidelines, which would protect the public from untrained individuals practicing this skill. In addition, the dry needling education courses are most often marketed to physical therapists, chiropractors, and athletic trainers, all of whom treat patients who would benefit from this particular modality. For those stating that dry needling and acupuncture are the same, the Cleveland Clinic has a great article that succinctly shows they are not the same. https://health.clevelandclinic.org/dry-needling-vs-acupuncture	5/7/25 7:54 am CommentID:234617
Daniel Preusser, LAT, ATC, MSEd, CES	Support Use of Dry Needling for ATCs	The use of dry needling by certified athletic trainers that have undergone proper training in the use and application of the modality is a benefit to the patients in their respective clinical settings. In many cases a certified athletic trainer is the first medical clinician to evaluate, treat, and manage an Injury or dysfunction. Everyone agrees that the proper use of dry needling is a highly effective and useful modality. If athletic trainers that have been trained in the use of dry needling are excluded from the list of medical clinicians that are allowed to apply the modality, the access and availability to the service can be even difficult to obtain. Many of the arguments in opposition come from professionals trained in acupuncture. The use of dry needling is not a substitute for acupuncture. All athletic trainers understand the difference between the definition and use of dry needling and acupuncture. Athletic trainers are not seeking to replace other medical professionals certified in dry needling and/or acupuncture. We are simply attempting to provide a beneficial service to the client base within our care. Please support the use of dry needling by specifically trained and qualified certified athletic trainers.	5/7/25 8:51 am CommentID:234620
Mandi Benson MCM L.Ac	Strongly oppose	Strongly oppose this.	5/7/25 9:05 am CommentID:234624
Michelle Swanson, MAc	Strongly Oppose	This is a major safety issue as there are many muscular regions of the body that are above or near organs and major vessels.	5/7/25 9:08 am CommentID:234625
Kirsten Peckham	Strongly Oppose	Public safety will be at risk if undertrained practitioners and therapists are allowed to practice needling modalities. Please require the proper amount of education and certification hours to help insure safety and efficacy.	5/7/25 9:42 am CommentID:234627
Stephen Cina	Strongly Oppose and an AT	I oppose this expansion of scope for the same reason I oppose it for physical therapy; inadequate training poses a risk to the public and undermines current regulation of acupuncturists.	5/7/25 9:46 am CommentID:234628

		I've been a certified AT for 30 years and an acupuncturist for 24 years. As an educator who teaches acupuncture students how to safely and effectively treat patients using acupuncture trigger point therapy ie Dry Needling, it takes far more hours of training and experience than currently exists for those interested in learning the technique. Without standards of education and practical application under supervision, an invasive technique is being placed in the hands of providers unaware of current regulations and the risk to patients. The argument for adoption comparing the Western medicine approach to acupuncture (dry needling) vs Eastern medicine approach is an inaccurate assumption often propagated by the companies standing to profit from training PTs and ATs. Contemporary acupuncture in a majority of accredited programs instructs students in both biomedical and eastern approaches. In particular, I teach Acupuncture Integrative Pain Management for the last 20 years, which incorporates evidence-based research, biomedical approaches using acupuncture needles, and eastern medical theory combined. My colleagues (physical therapist, athletic trainers, occupational therapist) who have completed graduate-level acupuncture degree programs agree with this assessment and hope consideration is made regarding opposing scope expansion.	
Geunmi Kwon	Strong Opposition to the Proposed Amendment to 18VAC85-120-110	I am writing to express my strong opposition to the proposed amendment that would permit athletic trainers to perform dry needling (DN). This is a matter that deserves thoughtful and thorough consideration, as it directly impacts patient safety and the integrity of healthcare standards in the Commonwealth of Virginia. Dry needling is an invasive procedure that requires in-depth training in anatomy, physiology, differential diagnosis, and needling techniques. Licensed professionals who currently perform DN undergo rigorous education and clinical instruction to ensure safe and effective care. Allowing athletic trainers—whose educational programs do not include invasive procedures—to perform DN after significantly limited training raises serious concerns. It lowers the threshold of clinical competence and risks undermining public confidence in our healthcare system. It is also important to note that dry needling is not part of the Board examination for athletic trainers, nor is it included in standardized licensing requirements for their profession. Their training primarily focuses on non-invasive musculoskeletal support and rehabilitation—not on procedures that involve penetrating the skin and interacting with deep anatomical structures. In contrast, licensed acupuncturists in Virginia must complete over 2,000 hours of training, including substantial hands-on experience in needling, and earn at least a Master's degree. Even chiropractors—though permitted to perform DN with comparatively fewer needling hours—have comprehensive academic and clinical preparation in anatomy and diagnosis, which athletic trainers do not. Expanding the scope of practice in this way, without equivalent educational and clinical requirements, poses a tangible risk to patient safety and sets a concerning precedent for lowering regulatory standards without adequate evidence or justification. For these reasons, I respectfully urge the Board to reject this amendment. Doing so will help preserve the safety of Virginia's residents, uphold professional standards, and maintain the public's trust in our healthcare system. Thank you for your time and thoughtful consideration.	5/7/25 9:59 am CommentID:234631
Jaime Chaves	STRONGLY OPPOSE	I strongly oppose the use of dry needling by athletic trainers. This invasive technique is not within their scope of practice, nor is it included in their formal education. Procedures involving needle insertion require rigorous, standardized training to ensure patient safety. It is deeply concerning that some athletic trainers and physical therapists begin using dry needling on patients immediately after completing a brief weekend seminar, often with no prior hands-on experience. Would you trust a loved one to be someone's first live patient after such limited training? This practice is not only unsafe—it defies common sense. We have an obligation to protect the public, who may be unaware of the training required for such techniques. Expanding the scope of invasive procedures to providers without comprehensive education and oversight is a dangerous trend. If we allow this, where do we draw the line? Will massage therapists be next to perform injections? I urge you to uphold high professional standards and prioritize public safety by enforcing strict training requirements and scope-of-practice boundaries. Please make the ethical choice.	5/7/25 10:33 am CommentID:234633
Anonymous	Strongly oppose	I strongly oppose the bill proposing to allow athletic trainers to insert acupuncture needles. Teams desiring the benefits of acupuncture (even when it is termed 'dry needling') need to hire licensed acupuncturists.	5/7/25 11:02 am CommentID:234634
Crystal Talbot	Strongly Oppose	Dry needling is an abomination to the tradition of Acupuncture and an insult to the profession that Acupuncturists train so hard for. This practice requires its own 4 year degree. It should not wielded by any one in the health care space who have not been adequately trained. There is more scientific research for true acupuncture as an effective modality for injury relief and prevention than there is for dry needling. Athletic trainers should be referring patients out to an Acupuncturist for proper continued treatment.	5/7/25 11:04 am CommentID:234635
April Enriquez	Strongly Oppose	I am firmly against the proposed amendment to 18VAC85-120-110. Dry needling is a complex and invasive procedure that should only be performed by licensed acupuncturists with specialized training. Allowing athletic trainers to perform this technique without the same level of education poses a significant risk to public safety. As a licensed acupuncturist, I have completed more than 1,900 hours of comprehensive education in anatomy, needle technique, clean needle protocols, and supervised clinical work. Athletic trainers do not receive equivalent training, and expanding their scope in this way is both unsafe and unjustified. I respectfully urge the Board to reject this amendment.	5/7/25 11:16 am CommentID:234636
Fangrui Shu	Strongly Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 11:17 am CommentID:234637
Miguel Marcano	Strongly Opposed	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling	5/7/25 11:25 am CommentID:234641
Jian Lan	Strongly Opposed	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 11:33 am CommentID:234642
Anonymous	Strongly opposed	Dangerous, beyond scope of practice, misleading	5/7/25 11:45 am CommentID:234644
Peter Liebenthal L.Ac.	Strongly oppose!	*I strongly oppose the amendment to 18VAC85-120-110. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists. Acupuncture is a very safe modality when practiced by licensed acupuncturists. Dry needling is certain, aggressive style of acupuncture, that should only be practiced by licensed acupuncturists.Allowing athletic trainers to do this without equivalent education is a serious risk to public safety.* *I've spent over 2,000 hours studying anatomy, needle technique, clean needle safety, and supervised clinical practice to become a licensed acupuncturist. Granting dry needling privileges to athletic trainers, who do not undergo similar training, is dangerous and irresponsible. I have heard from Physical therapists that they are able to practice dry needling after taking a single weekend course on it. I strongly urge the Board to deny this amendment.* *I've treated patients injured by unqualified dry needling-2 patients of mine had their lungs punctured by dry needling. In order to safely needle people, one needs training not only in the anatomy of the musculoskeletal system, but also on the location of the internal organs. The lungs are close to the surface and based on my experience with my patients getting their lungs punctured by dry needling, some of those who practice dry needling do not thoroughly understand the location of the Lungs. Please don't lower Virginia's standards. Protect our communities by keeping dry needling within the scope of licensed acupuncturists.*	5/7/25 11:46 am CommentID:234645
Samantha Lotti, L.Ac.	Strongly Oppose	I strongly oppose athletic trainers doing dry needling because compared to our 4 years of training, they have not enough training to do dry needling which is a repackaged name for acupuncture. I have treated patients who have been injured by providers of dry needling due to insufficient hours of training. It isn't safe for patients. I strongly oppose dry needling in general by anyone other than a board certified acupuncturist with four years of training.	5/7/25 11:50 am CommentID:234646
Anonymous	Oppose AT dry needling	Oppose athletic trainers using dry needling. Dangerous. Little training in compactor acupuncture	5/7/25 11:50 am CommentID:234647
Anonymous	Oppose Athletic Trainers to do Dry Needling	Strongly oppose Athletic Trainers to being able to preform Dry Needling. It is unsafe and patients should be referred for those types of treatments.	5/7/25 11:52 am CommentID:234648
Dr. Justin Flinner, DAc, LAc, DiplAc, My Metro Medicine	A Threat to Public Safety and the Integrity of the Acupuncture Profession	To the Virginia Board of Medicine: I write to express my strong opposition to any proposed regulation that would permit athletic trainers to perform dry needling in the Commonwealth of Virginia. Dry needling is acupuncture by another name, involving the insertion of solid filiform needles into the body to treat pain and dysfunction. Despite semantic distinctions, dry needling uses acupuncture needles and engages with anatomical structures in ways that mirror traditional and biomedical acupuncture approaches. Allowing athletic trainers—whose education and training in needling is vastly inadequate compared to licensed acupuncturists—to perform this invasive procedure presents serious public safety risks and economic harm to the acupuncture profession. **1. Safety and Training Concerns**	5/7/25 11:53 am CommentID:234649

		Licensed acupuncturists in Virginia undergo thousands of hours of education and at least hundreds hours of supervised clinical training. In contrast, athletic trainers advocating for dry needling privileges often complete short weekend seminars with minimal or no clinical oversight. This is profoundly inadequate for a technique that involves penetration of the skin and can risk pneumothorax, nerve injury, infection, and vascular damage when performed improperly. There are documented cases of serious adverse events—including lung collapse—associated with dry needling performed by undertrained individuals. The Board's primary mandate is to protect public health and safety, and authorizing inadequately trained individuals to conduct invasive procedures contradicts that duty. **2. Economic and Professional Impact** The acupuncture profession is a regulated, licensed healthcare discipline with stringent educational and national certification requirements. Allowing athletic trainers—who are not required to undergo the same rigor—to perform needling devalues the profession and creates unfair economic competition. Acupuncturists invest significantly in their education and licensing; diluting the value of this training by opening invasive needling practices to those without comparable education undermines the integrity of the profession and threatens its sustainability. Moreover, this move sets a dangerous precedent for scope-of-practice creep, where other professions may seek expanded privileges without requisite training, further destabilizing professional boundaries and public trust. **Conclusion** I urge the Virginia Board of Medicine to prioritize patient safety and uphold the standards of professional medical care by rejecting any proposal that would allow athletic trainers to perform dry needling. Doing so would not only compromise public safety but would also economically and professionally harm the acupuncture community in Virginia. Respectfully submitted, Dr. Justin Flinner, DAc, LAc, DiplAc	
Tamara Brown	Dangerous to public health and safety. Strongly oppose!	Licensed acupuncturist receive thousands of hours of training at the master and doctoral degree level to know best practices on how to needle safely effectively and for the patients. Therapists with a little training are much more likely to cause pneumothorax or other organ puncture, nerve damage, etc. Please keep the public safe. Oppose!!!	5/7/25 11:56 am CommentID:234651
Amara Franko	Strongly Oppose	*Holding a license from the board of medicine, I strongly oppose the amendment to 18VAC85-120-110. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists. Allowing athletic trainers to do this without equivalent education is a serious risk to public safety.* *I've spent over 1,900 hours studying anatomy, needle technique, clean needle safety, and supervised clinical practice to become a licensed acupuncturist. Granting dry needling privileges to athletic trainers, who do not undergo similar training, is dangerous and irresponsible. I strongly urge the Board to deny this amendment.* *I've treated patients injured by unqualified dry needling - people with nerve damage, punctured lungs, and other serious complications. Please don't lower Virginia's standards. Protect our communities by keeping dry needling within the scope of licensed acupuncturists.*	5/7/25 11:57 am CommentID:234652
Lynda Kummelt, MPH	Strongly oppose	This treatment should be done only by trained and certified acupuncturists.	5/7/25 11:58 am CommentID:234653
Teresa Renfroe	Strongly Oppose	I have been a licensed acupuncture physician in Florida for 12 years and have a 4 years Masters and Doctorate degree in acupuncture with over 3000 hours of clinical training. Allowing non licensed people who just have a few hours to stick needles in people is dangerous. Patient safety comes first.	5/7/25 12:23 pm CommentID:234658
Lauren Mendez, L.Ac.	Strongly Oppose	I strongly oppose this proposition to allow Athletic Trainers to perform needle insertion. Needling is not a part of their core education therefore this poses a great public safety issue. The public is not aware of the great difference in training when seeking out needling, thus we are diluting the quality and safety of care available to the public if we allow this. It is my professional opinion that licensed acupuncturists are the only practitioners qualified to perform needle insertion. An acupuncturist receives 2500-5000 hours of masters or doctorate level education with includes supervised needling technique and needling safety skills during these 4-5 years of education. While "dry needling" courses are 1-2 weekends in length. There is no comparison in the training length and depth. Safety skills, let alone effective technique, are not honed in 2 weekends. I hope that public safety is held with utmost concern with this determination.	5/7/25 12:32 pm CommentID:234659
Jordan Schreiber, L.Ac	Stroingy oppose - threat to public safety	As a licensed acupuncturist nationally, and in the states of Oregon and California, with over 20 years of clinical practice, I highly oppose dry needling by athletic trainers. The training needs to be on par with licensed acupuncture training, which for me was over 3000 hours. Learning dry needling in a couple weekends is a threat to public safety and confusing for the general public as they often associate dry needling with acupuncture. Dry needling often consists of deep needling and can easily result in tissue and possibly organ damage depending on location. Thank you for considering my input.	5/7/25 12:37 pm CommentID:234661
Laura DeNovi	Strongly Oppose /LAc	I strongly oppose ATC's being allowed to dry needle.	5/7/25 12:53 pm CommentID:234662
Bill Reddy, Vital Point Acupuncture	For public safety - leave acupuncture therapy to licensed acupuncturists	The proposed Virginia bill, which appears to expand the scope of practice for athletic trainers, raises significant concerns about public safety due to the limited anatomical knowledge and training of athletic trainers compared to licensed acupuncturists. While athletic trainers play a valuable role in sports medicine, their expertise is narrowly focused on musculoskeletal issues, primarily muscles and joints, and lacks the comprehensive understanding of the body's complex systems required for safe and effective practice in broader therapeutic contexts. Athletic trainers are trained to address acute injuries and support rehabilitation, with a curriculum centered on biomechanics, muscle function, and basic injury management. Their knowledge of anatomy is functional but superficial, often limited to surface-level structures like muscles, tendons, and bones. They are not required to study the intricate network of nerves, blood vessels, or organ systems in the depth necessary for procedures that could affect these structures. For example, techniques involving deep tissue manipulation or needle-based interventions, which may be implied in an expanded scope, demand precise knowledge of neurovascular pathways to avoid serious complications such as nerve damage or vascular injury. Without rigorous training in these areas, athletic trainers risk causing harm, even with the best intentions. In contrast, licensed acupuncturists undergo extensive education in anatomy, physiology, and pathology, with a particular emphasis on the body's interconnected systems. Their training includes hundreds of hours studying meridian pathways, nerve distributions, and organ relationships, enabling them to safely navigate the body's complex anatomy. Acupuncturists are also required to complete supervised clinical practice, ensuring they can apply their knowledge with precision. This depth of preparation equips them to perform interventions like dry needling or manual therapies without endangering patients. Allowing athletic trainers to expand their scope without equivalent training undermines public safety and devalues the expertise of licensed professionals. The potential for harm—whether through misdiagnosis, improper technique, or unintended injury—is too great to ignore. Virginia must prioritize patient well-being by ensuring that only those with comprehensive anatomical knowledge and specialized training are permitted to perform advanced therapeutic procedures.	5/7/25 1:03 pm CommentID:234664
Tammy Johnson Beard	Strongly Opposed	I strongly oppose the amendment to 18VAC85-120-110. Dry needling is an invasive technique and should only be administered by trained, licensed acupuncturists. I am currently an acupuncture student, nearing graduation. I will have spent almost 2000 hours studying anatomy, proper needling technique for the different parts of the body, how to use clean needle safety, and 18 months of supervised clinical practice in order to become a licensed acupuncturist. Granting dry needling privileges to athletic trainers without similar training is dangerous to patient care. I strongly urge the Board to deny this amendment.	5/7/25 1:08 pm CommentID:234665
Kyle Wooten	Strongly oppose	These trainers have a history of overreaching and trying to perform skills and services they are unqualified for, compared to the professional specialists... But there is a serious safety concern associated with allowing them to insert needles in clients. Dry needling, as a subset of Acupuncture, is risky enough that only MDs and those with similar doctorate training can perform it. There is no way a trainer can have the appropriate knowledge and skill required to do so safely and consistently. Do not allow this amendment to pass.	5/7/25 1:12 pm CommentID:234667
Natural Healing Rx, Llc	Strongly oppose	Strongly oppose.	5/7/25 1:23 pm CommentID:234668
SW VA ACUPUNCTURE LLC	Oppose 18VAC85-120-110	Dear Virginia Board of Medicine, I strongly oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. This invasive procedure requires extensive training to ensure public safety, a standard met only by licensed acupuncturists. Permitting athletic trainers to perform dry needling without comparable education endangers Virginians and undermines professional standards. As a licensed acupuncturist, I completed over 1,900 hours of rigorous training in anatomy, needle techniques, clean needle protocols, and supervised clinical practice. This comprehensive education equips me to perform dry needling safely and effectively. Athletic trainers, while skilled in their field, lack equivalent training, creating significant risks for patients.PC Allowing inadequately trained individuals to perform this procedure jeopardizes public health and erodes trust in our healthcare system.I urge the Board to protect our communities by rejecting this amendment. Keep dry needling within the scope of licensed acupuncturists, who are uniquely qualified to ensure safe, effective care. Virginia deserves the highest standards of safety and professionalism. Thank You .	5/7/25 1:25 pm CommentID:234669
Anonymous	Strongly oppose	Acupuncture should only be practiced by trained, licensed professionals. Athletic trainers have very little training. They should not be allowed to practice acupuncture as they don't have the hours that an acupuncturist does in training and education. Allowing them to practice acupuncture without proper training will endanger patients lives. Please consider the public and their safety when voting. Thank you.	5/7/25 1:29 pm CommentID:234670
Anonymous	Strongly oppose	Strongly oppose.	5/7/25 2:14 pm CommentID:234671
Kenneth Harbour	I spent 4 years in school so I'd know....	"I strongly oppose the amendment to 18VAC85-120-110 for several reasons. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists, or those holding medial license in Virginia. Allowing athletic trainers to do this without equivalent education is a serious risk to public safety. I spent 4 years in graduate school learning this highly skilled practice. Why don't you lower Chiropractic standards for everyone? Why don't you lower M.D. standards for everyone? Why don't you lower D.O. standards for everyone? Why are you always messing around with a medicine you may need to take incredibly more seriously....Please?	5/7/25 2:14 pm CommentID:234672

Anonymous	Strongly Oppose	Members of the Senate Committee on Health Care, My name is Kristina Higuchi. I am from Redwood City California and practice in San Carlos, and I am here strongly in opposition to this proposal. *Bottome line, other branches of medicine are seeing the true efficacy and power of acupuncture medicine and are trying to take it as their own by changing the words used. They are downgrading the education that licensed acupuncturists receive during their 3-4 years or more of training. We are a highly skilled and educated group of practitioners who have invested years to learn and use this medicine properly and safely to treat pain as well as many other conditions. There is and already has been a pathway to be licensed to use acupuncture, and this should be upheld across the board to those interested in practicing this form of therapy.* *Legal and Regulatory Conflict* Under **ORS 677.757(1)(a)**, **"acupuncture"** is explicitly defined as the stimulation of specific points on the body **"by the insertion of needles"**. The statute further affirms that acupuncture includes the use of **electrical or mechanical devices with or without needles**, which are also marketed under dry needling protocols. In Oregon, acupuncture may only be practiced by those licensed by the **Oregon Medical Board** under **ORS 677.759**. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the **unauthorized practice of medicine** under **ORS 677.765** and is subject to penalties. This bill therefore directly **conflicts with established state law** by proposing to allow non-OMB-regulated practitioners (physical therapists) to perform a procedure that falls squarely within the **legal definition of acupuncture**. The **Acupuncture Advisory Committee** established in **ORS 677.780–785** was specifically tasked with recommending standards for education, licensure, and scope of practice in order to protect the public. HB 3824 undermines this structure by bypassing OMB oversight entirely. **Education and Patient Safety** Licensed acupuncturists in Oregon must complete **2,500 to 3,500 hours of training**, including **800–1,000 hours of supervised clinical education**. This far exceeds the **20–100 hours** of training typically offered in dry needling courses for physical therapists. This discrepancy has serious implications for patient safety. Numerous studies highlight increased risks of adverse events when dry needling is performed by inadequately trained providers: • **36.7%** of dry needling treatments resulted in adverse events, with **20 major complications** such as pneumothorax and nerve injury (Brady et al., *PM&R*, 2014). • A Polish study reported **3% pneumothorax**, **14% nerve palsy**, and **1% hospitalization** (Majchrzycki et al., *MDPI*, 2022). • Multiple case reports confirm life-threatening events, including **bilateral pneumothorax** and prolonged nerve damage (S?ah?n et al., *JournalAgent*, 2020; *Western Journal of Emergency Medicine*, 2013). **For these reasons, the term "needle insertion" should be removed from HB 3824.** It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public. Thank you for your time and consideration. **Citations:** • ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon • Brady S, et al. *Adverse events following trigger point dry needling: a prospective survey of 20,000 treatments. PM&R.* 2014;6(9):847–852. • Majchrzycki M, et al. *Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners. MDPI.* 2022. S?ah?n N, et al. *A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax. JournalAgent.* 2020.	5/7/25 2:28 pm CommentID:234675
Evan Marcus	NO for Athletic Trainers	Athletic trainers SHOULD NOT be allowed to learn Acupuncture. Public safety, education, training and quality, athletic trainers do not have or meet the expectations as a qualified licensed acupuncture professional/provider.	5/7/25 2:39 pm CommentID:234676
LoLo Schaffer	Strongly Oppose	Strongly oppose Athletic Trainers dry needling.	5/7/25 2:43 pm CommentID:234679
Innata Wellness	Strongly Oppose	Leave acupuncture to licensed acupuncturists, this new rule is incredibly dangerous	5/7/25 3:00 pm CommentID:234681
DAZHI CHEN	strong opposition to the proposed amendment to18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 3:04 pm CommentID:234682
Janet L. Borges, MSTCM, L.Ac	Strongly Oppose Acupuncture Therapy (aka Dry Needling) by Athletic Trainers: 18 VAC 85-120	I am writing to oppose the above captioned proposal regarding the regulations governing the licensure of athletic trainers to add acupuncture (aka dry needling) to their scope of practice. Athletic trainers are currently licensed under the Board of Medicine in Virginia, as are Licensed Acupuncturists, and I was in the room during multiple athletic trainer advisory board meetings wherein this topic was proposed. At the time, it was strongly encouraged by the Board of Medicine that athletic trainers go through a legislative process rather than a regulatory one to fully take into account what such a change might mean in terms of protecting the public. While I am appreciative of the enthusiasm for the treatment modality of acupuncture by athletic trainers, and while I also appreciate the many benefits that athletic trainers provide to their clients, it needs to be stated again that there is STILL no standardized training or competency requirements for athletic trainers (or any other practitioner save licensed acupuncturists) to provide acupuncture / dry needling within the Commonwealth of Virginia. Dry needling can be taught in as little as a weekend by for-profit companies that bear no responsibility for what happens to that practitioner after that weekend course. This is absurd, no matter the quality of the training. I do not understand why the Board of Medicine has failed to require any standardization for this treatment modality to date, given that there are clear guidelines and definitions for acupuncture training going back to when licensed acupuncturists were first given licensure in Virginia. I have been in practice for over 20 years, largely working with musculoskeletal issues, and am not here to debate who can wield an acupuncture needle more efficiently for the benefit of a positive patient outcome. I am here to oppose 18 VAC 85-120 because the regulatory boards under purview of the Virginia Department of Health Professions need to do their due diligence to standardize language and training / certification requirements respective to invasive medical procedures such as acupuncture (aka dry needling) before allowing another profession to add this needling modality to their scope of practice. I hope that the Board of Medicine will thoughtfully consider adding more precise education and certification requirements before this proposed regulation advances any further. Thank you.	5/7/25 3:06 pm CommentID:234683
Louis Lei Jin, DAOM, Dipl.OM (NCCAOM), LAc	vehemently OPPOSE!	**NO to Dry Needling by VA Athletic Trainers** The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by athletic trainers in VA is a clear threat to public safety. As a licensed acupuncturist, I condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is merely a contemporary form of acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. **As a licensed acupuncturist with 19 years of experience specializing in orthopedics, I vehemently OPPOSE allowing athletic trainers—in any state—to perform dry needling. Dry needling is merely a contemporary form of acupuncture, and the limited training athletic trainers receive is dangerously insufficient to mitigate the serious risks associated with needling.** **Patient safety must never be compromised for convenience or profit. Licensed acupuncturists are united in demanding an end to this reckless practice before more harm is done.** Dr. Louis Jin, DAOM, Dipl. OM (NCCAOM), L.Ac Texas Association of Acupuncturists and Oriental Medicine (TAAOM)	5/7/25 3:15 pm CommentID:234685
Anonymous	Strongly Agree	As a licensed healthcare provider, I strongly support the inclusion of dry needling in the scope of practice for Athletic Trainers in Virginia. Athletic Trainers are educated in human anatomy, neurophysiology, and musculoskeletal evaluation through CAATE-accredited programs, which already include instruction in invasive procedures such as emergency IV access, suturing, and lidocaine injection for wound closure — all of which are currently permitted in Virginia. Several states have already approved dry needling for athletic trainers, recognizing that we are well-equipped to use this technique safely and effectively. Adding dry needling to our practice aligns with our training and improves patient care by expanding access to evidence-based pain and mobility interventions. This amendment reflects both the current level of education and national trends in athletic training practice. I urge the Board of Medicine to support this important update.	5/7/25 3:17 pm CommentID:234686
Hui Wei, Americans TCM Association	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must	5/7/25 3:25 pm CommentID:234687

		meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Julie McCormick	Strongly oppose	Acupuncture is effective, and training needs to be appropriate. I believe the potential for harm from AT's practicing needling with so little training is significant. It is more nuanced than understanding physiology.	5/7/25 3:35 pm CommentID:234688
Jinhu Tang	FNP, licensed Acupuncturist	I am writing to express my strong concern about athletic trainers performing dry needling. Dry needling is an invasive procedure that involves inserting a solid filament needle into the skin—closely resembling acupuncture. This technique demands a thorough understanding of anatomy, the ability to recognize potential risks, and proper needling skills to ensure patient safety. While athletic trainers are proficient in sports injury management and rehabilitation, they do not receive the same level of training in needling techniques or differential diagnosis as licensed acupuncturists or other medical professionals who undergo rigorous education in these areas. The risk of serious complications—including pneumothorax, infection, or nerve damage—cannot be overlooked when this procedure is performed by individuals without adequate training. Dry needling should remain within the scope of those who possess appropriate licensure and comprehensive training, such as licensed acupuncturists, physicians, and well-trained PAs, NPs, and PTs. Patient safety must always be the top priority. Granting dry needling privileges without ensuring comparable standards of education and clinical competence undermines both public health and professional integrity.	5/7/25 3:43 pm CommentID:234689
Christy Vitiello	Patient Safety Concern	Dry needling is called trigger point needling in the language of Acupuncture. They are trying to rename and repackage acupuncture without doing the necessary schooling to perform acupuncture. There has been many cases where dry needling is performed by a non acupuncturist and it has lead to pneumothorax or nerve damage since the training was a weekend course instead of 4 years it takes to be an acupuncturist. Also I wanted to correct a comment below for support says Athletic Trainers can do dry needling in California, I want to clarify no one can do dry needling/trigger point needling in California except Acupuncturists. Please don't let the athletic trainers do dry needling without the training an acupuncturist does.	5/7/25 3:54 pm CommentID:234690
Shuang Hou	Strong Opposition to Proposed Changes to 18VAC85-120-110 – A Threat to Public Safety	Dear Members of the Virginia Board of Medicine, As a licensed acupuncturist, I respectfully urge you to oppose the proposed changes to 18VAC85-120-110, which would allow Athletic Trainers to perform dry needling. Dry needling is an invasive technique that involves inserting acupuncture needles into muscle tissue. Despite its different name, it is fundamentally acupuncture and should be held to the same standards of safety and training. Licensed acupuncturists undergo over 3,000 hours of training, including in-depth education in anatomy, physiology, pathology, clean needle technique, and supervised clinical practice. In contrast, athletic trainers often receive only a few hours of needling instruction, which is insufficient for safe practice. Allowing this proposal to pass would: • Endanger patient safety, increasing risks of complications such as pneumothorax and nerve damage; • Weaken public trust in regulated healthcare professions; • Overburden the Board with the responsibility for supervising undertrained practitioners in invasive procedures. This change disregards the intent of existing Virginia laws that require strict education and licensure standards for acupuncture. It sets a dangerous precedent and threatens the safety and wellbeing of our communities. I urge the Board to protect public health and uphold professional standards by rejecting this proposal.	5/7/25 3:55 pm CommentID:234691
Michael Gonzales	Opposing the petition to allow Athletic trainers to dry needle.	I am an acupuncturist in New Jersey who strongly opposes this petition. There is a lot of training that is involved with placing a needle in the body to have a theraputic effect. Part of that training is avoiding organs, blood vessels, and nerves that may be damaged to improper needle technique. Although atheltic trainers work with the body, their education does not encompase what is needed to do dry needling. People's safety is at risk without the proper amount of training.	5/7/25 3:55 pm CommentID:234692
Hong Su (American TCM Society)	Strongly oppose 18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is part of acupuncture and it is an invasive procedure that requires multipul in-depth knowledge , specialized clinical training, and safety needling technique as same as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 4:02 pm CommentID:234693
Nhan Trinh	Opposed	We need to keep the safety of our patients in consideration. The patient that can be you, family or friends. Do you want to have them getting treat by someone who doesn't have the skills and knowledge of what they doing? Secondly, we need to know dry needling is often associated with acupuncture bc the idea of needle insertion. But dry needling doesn't understand the theory and the foundation fundamentals for this medicine. So sometimes what they do works for patients and sometimes it doesn't work and it's not because acupuncture not working but they just "putting" the needles in people they are not treating the people. I am happy if AT going through training to do acupuncture but I would not feel comfortable for them treating people without proper training.	5/7/25 4:02 pm CommentID:234694
Hsini Tseng, L.Ac	Regarding dry needling	A patient of mine shared their experience of dry needling performed by a PT: one needle was stuck in the muscle, and the PT was panicking. Although dry needling is one of the needling methods in acupuncture, dry needling is not supposed to be independant/separated from the system of TCM diagnosis and treatment principle, which is always assess a patient's whole-body physical and mental health condition and use acupuncture points in addition to the local pain spots. Please leave the needling part to qualified/licensed acupuncturists only. This can best assure the safety and therapeutic effect of needling for the patients, including you and me.	5/7/25 4:05 pm CommentID:234695
RL David	Strongly Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Athletic trainers lack the training, background, and education necessary to safely insert filiform needles into any part of the human body. This practice requires extensive apprenticeship, in addition to specialized education, and this necessity bears out in the statistics: dry needlers are significantly more likely to cause adverse effects in patients--effects such as pneumothroax (punctured lung). When a licensed acupuncturist watches dry needling, we really cannot adequately convey our horror at the unsafe technique and inexpert location choices. A huge portion of my own practice has been rectifying the lasting pain and nerve damage from dry needling so aggressively and naively applied to tender areas. I often say that dry needling resembles acupuncture in its early days, back before it was systematized into a science: naive, clumsy, and dangerous. There's a reason we train the way we do, and it's due to our field's accumulated experience over a long period of time. Scope creep costs lives. Maintaining our current scopes of practice ensure safety for patients and practitioners, and patient safety should come first, regardless of the financial boon from which the trainers hope to benefit.	5/7/25 4:05 pm CommentID:234696
Tao Natural Healing	Strongly Oppose	I strongly oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. This is an encroachment to our field of Chinese medicine. Safety and adequate training should be considered before passing such an amendment.	5/7/25 4:11 pm CommentID:234697
Weini	Dry needling by athletic trainers	Dry needling should not be practiced under the name of acupuncture in Traditional Chinese Medicine. I have patients who received dry needling thinking that they were getting TCM treatments, only to experience severe pain during the treatment and little effects for symptom relief. While I do not mind any other practitioners using needles to perform what's allowed in their profession, patients should be carefully guided on the difference on the options presented - dry needling should explicitly and thoroughly disclaim that it is very different from acupuncture in the sense of TCM philosophy and methodology.	5/7/25 4:12 pm CommentID:234698
Eric Zhang	Demand immediate action to stop dry needling practice	As an acupuncturist, I respectfully demand your immediate action: To enforce existing acupuncture licensure laws. Dry needling is perceived by medical service consumers as a form of acupuncture; therefore, its practice must require full acupuncturist licensure. To hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal for public safety. To ensure that patient safety not being sacrificed for convenience nor for profit.	5/7/25 4:13 pm CommentID:234699
MT	opposition to the proposed amendment to 18VAC85-120-110	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling.Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 4:31 pm CommentID:234701
Toni Rittenberg	L.Ac.	I strongly oppose the use of dry needling by athletic trainers. This invasive technique is not within their scope of practice, nor is it included in their formal education. Procedures involving needle insertion require rigorous, standardized training to ensure patient safety. It is deeply concerning that some athletic trainers and physical therapists begin using dry needling on patients immediately after completing a brief weekend seminar, often with no prior hands-on experience. Would you trust a loved one to be someone's first live patient after such limited training? This practice is not only unsafe—it defies common sense.	5/7/25 4:35 pm CommentID:234702

		We have an obligation to protect the public, who may be unaware of the training required for such techniques. Expanding the scope of invasive procedures to providers without comprehensive education and oversight is a dangerous trend. If we allow this, where do we draw the line? Will massage therapists be next to perform injections? I urge you to uphold high professional standards and prioritize public safety by enforcing strict training requirements and scope-of-practice boundaries. Please make the ethical choice.	
Anonymous	LAc	Efforts to redefine dry needling as a practice distinct from acupuncture represent an attempt to circumvent established licensure laws and undermine the regulatory framework designed to ensure patient safety and practitioner competency. Despite being virtually identical in technique, tools, and physiological rationale to acupuncture, dry needling is increasingly promoted as a separate modality to allow unlicensed or insufficiently trained individuals—particularly physical therapists—to perform invasive needling procedures outside the scope of acupuncture licensure. This artificial distinction poses significant risks to public health and erodes the integrity of the acupuncture profession.	5/7/25 4:40 pm CommentID:234703
AATCM	Object Athletic Trainers Doing Acupuncture	Acupuncture is a medical profession and needs at least two thousands hours of training in Anatomy, Physiology, Pathology, Point Location, Needling techniques and several hundred hours of supervised practice. Any person who intends to enter this profession should go through the systematic training stipulated by ACAHM and certified by NCCAOM.	5/7/25 4:43 pm CommentID:234704
Karen Johnson	Dry Needling is Acupuncture - safety and training critical as negative effects impact all	As Virginia heads down this path, important to see how others have noted their position (DRAFT position for California member organization CSOMA) Dry Needling if a form of acupuncture that requires significant training for safety and efficacy - poor training leading to ill effect will impact all professionally trained and licensed acupuncturists. CSOMA Dry Needling in California Position Statement DRAFT Copyright © 2018 CSOMA | All Rights Reserved – August 2018 • The California State Oriental Medicine Association (CSOMA) opposes the illegal and unsafe practice of acupuncture. "Dry needling" is a form of acupuncture and like acupuncture, it is an advanced and invasive medical procedure with inherent risks and contraindications. • "Dry needling", "trigger point dry needling", and "intramuscular manual therapy" are contemporary terms that purport to be an entirely separate and modern technique distinct from acupuncture. Yet, both acupuncture and "dry needling" use acupuncture needles to achieve their intended therapeutic effects. • "Dry needling" has been defined as a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. ◦ In reality, there is a long, well-documented history of licensed acupuncturists practicing "dry needling" to treat neuromusculoskeletal pain and impairment long before the term "dry needling" was invented. ◦ Licensed acupuncturists receive training in both traditional acupuncture theory as well as modern biomedical theory, which includes a deep understanding of the underlying anatomical structures and the corresponding physiological function of specific acupuncture point locations. ◦ Moreover, the insertion of dry, filiform needles into the body, under any pretense, and for any medically therapeutic purpose, is the basic definition of acupuncture. • Some physical therapists and other allied healthcare providers have claimed that "dry needling" is new and nothing like acupuncture based on the argument that their point locations and needling styles are not rooted in traditional Chinese medicine acupuncture theory. • This effort from outside of the acupuncture profession to redefine acupuncture and re-frame its techniques using western anatomical nomenclature in order to claim that it is no longer acupuncture demonstrates, at best, a profound misunderstanding of acupuncture, and at worst, a concerted effort to infringe upon the scope of acupuncturists and appropriate the practice of acupuncture. • "Dry needling" has always been a part of acupuncture therapy. Any attempt to separate "dry needling" from acupuncture and claim that it is a newly discovered technique or treatment is nothing more than a deceptive marketing strategy and political maneuver to circumvent established public safety laws as well as the standards of training, certification and continuing education that exist for the safe and lawful practice of acupuncture. • Lax regulation of "dry needling" and nonexistent standards involving the practice of dry needling show an alarming disregard for public safety and undermine the public's trust in the efficacy of acupuncture. In fact, the American Medical Association (AMA) released their policy position on "dry needling" at their Annual Meeting on June 15, 2016, stating that "physical therapists and other non-physicians practicing dry needling should - at a minimum - have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture." • The recent debate over the very definition and application of acupuncture and "dry needling" is the result of a growing trend of physical therapists, chiropractors and other allied health practitioners who have started performing "dry needling" as an adjunct treatment with cursory authorization from their own regulatory boards' non-binding guidelines or through administrative rulemaking at the state level. • All health care providers without acupuncture formally included in their state practice act should be prohibited from practicing acupuncture and "dry needling" unless their scope of practice is legally expanded to include the practice of acupuncture with the corresponding level of clinical and theoretical training and certification required of acupuncturists. • Presently, there are no minimum standards of training, education or testing for non-acupuncturists to practice "dry needling". The only training in "dry needling" are continuing education weekend workshops. There are no minimum hours or curriculum standards for these workshops. CSOMA believes that acupuncture and "dry needling" can be considered safe only when administered by properly trained and accredited acupuncturists or physicians. There can be no shortcuts to adequate training and competency testing as these are essential to public safety and the future of acupuncture as a viable treatment modality. Acupuncture Licensure Requirements in California What academic and clinical practice training are required for licensed acupuncturists to practice dry needling acupuncture? • Licensed acupuncturists receive a minimum of 3,000 hours of post-graduate academic theoretical and clinical training in many acupuncture techniques, including what is now termed "dry needling". Students of acupuncture must receive a minimum of 950 hours of clinically supervised training in outpatient clinical settings. • Before obtaining licensure, acupuncturists must demonstrate certification in Clean Needle Technique (CNT), an examination developed by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM). CNT certification establishes professional competency to practice acupuncture safely and effectively for both practitioners and the public. • The Clean Needle Technique manual meet current guidelines for the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), as well as state and local health departments. Changing epidemiological patterns, changes in what is considered best practices in clean and aseptic technique, and changes in technology have all contributed to improving clinical safety and instruction thru the CNT Manual. • The state of California requires licensed acupuncturists to meet minimum standards of eligibility and pass a state board certification exam. • In order to renew an active license, licensees must complete 50 board-approved continuing education units (CEUs) every two years. Links of Position statements of other professional organizations regarding the practice of "dry needling" American Academy of Medical Acupuncture Position Statement: http://www.nccaom.org/resource-center/press/press-releases/aama-policy-on-dry-needling/ American Academy of Physical Medicine and Rehabilitation Position Statement: http://www.nccaom.org/resource-center/press/press-releases/aapmr-policy-on-dry-needling/ American Alliance for Professional Acupuncture Safety White Paper: http://www.nccaom.org/wp-content/uploads/pdf/AAPAS%20White%20Paper%20on%20Dry%20Needling.pdf American Association of Acupuncture and Oriental Medicine Position Statement: http://www.aaaomonline.org/Dry-Needling-Position-Paper American Medical Association Position Statement: https://policysearch.ama-assn.org/policyfinder/detail/dry%20needling?uri=%2FAMADoc%2FHOD-410.949.xml American Society of Acupuncturists Position Statement: http://www.asacu.org/wp-content/uploads/2016/09/American-Society-of-Acupuncturists-Position-on-Dry-Needling-_9_14_16.pdf American Traditional Chinese Medical Association Paper on Dry Needling: http://www.nccaom.org/wp-content/uploads/pdf/ATCMA%20Position%20Letter%20on%20Dry%20Needling.pdf Council of Colleges of Acupuncture and Oriental Medicine Position Paper: http://www.ccaom.org/downloads/CCAOM_Position_Paper__May_2011_Update.pdf	5/7/25 4:59 pm CommentID:234705
Sachi	Opposition to Athletic Trainers Doing Dry Needling	I am opposed to athletic trainers using dry needling because of 1) concerns about their limited scope of practice and experience ; 2) lack of strict training and certification as required for licensed acupuncturists; 3) safety concerns as a result of the lack of training.	5/7/25 5:00 pm CommentID:234706
Anonymous	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax	5/7/25 5:03 pm CommentID:234708

		This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	
Dr. A. L. Kenin, DACM, L.Ac.	Against	Only fully trained and licensed acupuncturists and medical professionals should be allowed to perform acupuncture. "Dry needling" is one small part of the acupuncture techniques used by acupuncturists. In fact, "dry needling" is a term invented to distract from the fact that it is a type of acupuncture.1. The needles used are also acupuncture needles. This is important because improperly trained practitioners can cause injuries, the most common of which is pneumothorax. Unfortunately, when athletic trainers and other non-fully trained acupuncturists perform dry needling and do injure someone, the headlines then read that the person was injured by acupuncture. This damages the acupuncturist profession. For the safety of the public and the integrity of the acupuncture profession, only fully trained and licensed acupuncturists and medical doctors should be allowed to perform any form of acupuncture, including "dry needling." 1. Dry needling was developed in the 1980s and was modeled after the Traditional Chinese Medicine (TCM) technique of acupuncture. There are several variations of dry needling, all of which have the same purpose. https://www.verywellhealth.com/dry-needling-4774471?utm_source=chatgpt.com	5/7/25 5:10 pm CommentID:234709
Mitch Hauschildt	Support for Athletic Trainers Dry Needling	As a long time athletic trainer and dry needling educator, I support athletic trainers being able to use this modality. They have a master's level education and strong grasp of the human body and human movement. Dry needling is very different than acupuncture and they should not be viewed as competing. When properly trained by a quality dry needling organization, it can be done well and very safely and I see performed well by ATs all over the country.	5/7/25 5:13 pm CommentID:234711
Ben Ferry, Collaborative Health Partners	Sports Medicine Physician In Favor of AT Dry Needling	I am writing in support of amending current legislation to permit certified and licensed athletic trainers to perform dry needling. I work directly with athletic trainers on a daily basis in my role as a sports medicine physician, and I am intimately aware of the training and skills that they utilize in their current scope of practice. I am in full support of permitting their utilization of dry needling as a treatment modality after appropriate training in this technique. Athletic trainers utilize dry needling most commonly in the treatment of musculoskeletal conditions to improve pain and function after an injury. They are now required to obtain a master's degree learning about human anatomy and appropriate treatment and management of a wide breadth of musculoskeletal conditions. Under current Virginia statutes, athletic trainers are already permitted to perform skin-breaking procedures, including suturing, lidocaine administration, and IV placement. The Commission on Accreditation of Athletic Training Education also requires training in the invasive procedures noted above. In my professional opinion, these procedures, which have already been deemed to fall under the scope of athletic training practice and are a mandated part of the educational process, carry the same inherent risks associated with dry needling (infection, damage to surrounding structures, etc.). Particularly with the additional counseling on these risks and appropriate safety measures provided in a training course, athletic trainers are more than well-equipped with the baseline knowledge and skillset to perform this procedure safely. We already trust our athletic trainers to handle complex and potentially dangerous injuries – traumatic brain injuries, spinal cord injuries, fractures and dislocations, etc. To deem their understanding of anatomy, comprehension of procedural risk management, and overall scope of care as inadequate to be able to perform dry needling isn't congruent with currently permitted practice patterns. In regards to details around training, I'd humbly suggest applying similar parameters already deemed adequate for our physical therapist colleagues as detailed in 18VAC112-20-121. Athletic trainers work with some of our most dedicated patient populations – young student-athletes, military personnel, etc. – and often in a setting where there is no financial incentive for performing a procedure such as needling. They are not pursuing this amendment in order to create additional revenue streams or to elbow out other professionals who use similar modalities. The motive for this request is simply for highly-trained medical providers to practice to the full scope of their training in order to provide easily accessible, high-level patient care in a manner consistent with currently recognized practice standards. For the reasons detailed above, I am in full favor of approving this amendment. Ben Ferry, MD, CAQSM Collaborative Health Partners Sports Medicine Physician	5/7/25 5:29 pm CommentID:234712
Ping Rathje, Virginia University of Integrative Medicine	We Say No to Unlicensed DN Practices by VA ATs!	The reckless appropriation of acupuncture techniques-rebranded as "dry needling"-by unlicensed athletic trainers in VA is a clear threat to public safety. As licensed acupuncturists, we condemn this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure, and oversight. Dry needling is acupuncture. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) unequivocally states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or complexity. The consequences of unqualified practice are severe. We have treated patients suffering from preventable injuries-punctured lungs, nerve damage, and chronic tissue trauma-directly linked to improper needling by athletic trainers. These individuals receive mere hours of cursory training, compared to the 3,000+ hours of rigorous education, clinical practice, and OSHA-mandated safety protocols required for licensed acupuncturists. For example, while physical therapists in Virginia must complete 54 hours of post-professional training, this pales in comparison to the decades of refined expertise acupuncturists bring to needle depth, angle, and anatomical precision. Profit-driven negligence must end. Athletic trainers are not medical professionals. Their scope of practice-rooted in fitness and rehabilitation-does not entitle them to perform invasive procedures requiring mastery of human anatomy, pathophysiology, and sterile technique. Patients trust providers to act in their best interest, not to gamble their safety for revenue. We demand immediate action: *Enforce existing acupuncture licensure laws. Dry needling is acupuncture; its practice must require full acupuncturist licensure. *Hold violators accountable. States like California, Hawaii, and New York already prohibit dry needling by non-acupuncturists-this standard must become universal. Patient safety cannot be sacrificed for convenience or profit. Licensed acupuncturists stand united to end this dangerous charade. Sincerely, Ping Rathje Acupuncture Master Program Student Virginia University of Integrative Medicine	5/7/25 5:32 pm CommentID:234713
Kim Nguyen	STRONGLY OPPOSE	I strongly oppose dry needling to be done by athletic trainers. To do so would put many people at risk of painful techniques, safety violations and health risks. Acupuncturists are well trained healthcare professionals and spend years studying the appropriate depths of insertion to avoid puncturing organs and preventing harm to the patient. To allow athletic trainers to perform dry needling is irresponsible and dangerous.	5/7/25 5:40 pm CommentID:234714
Yong Cai	Strong opposition to the proposed amendment to 18VAC85-120-110	Dear Officer: I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is part of acupuncture and it is an invasive procedure that requires multipul in-depth knowledge , specialized clinical training, and safety needling technique as same as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 5:45 pm CommentID:234715
Anonymous	Oppose the proposed amendment to 18VAC85-120-110	Comment to oppose the proposed amendment to 18VAC85-120-110, which would allow athletic trainers to perform dry needling. This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. From professional experience, without enough training, dry needling may cause fatal injuries. Let us protect our patients now. Thank you!	5/7/25 5:48 pm CommentID:234716
Jennifer Yeh	STRONGLY OPPOSE	*"I strongly oppose the amendment to 18VAC85-120-110. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists. Allowing athletic trainers to do this without equivalent education is a serious risk to public safety."* *"I've spent over 5,000 hours studying anatomy, needle technique, clean needle safety, and supervised clinical practice to become a licensed acupuncturist. Granting dry needling privileges to athletic trainers, who do not undergo similar training, is dangerous and irresponsible. I strongly urge the Board to deny this amendment."*	5/7/25 5:58 pm CommentID:234717
Matthew Yim	STRONGLY OPPOSE	*"I strongly oppose the amendment to 18VAC85-120-110. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists. Allowing athletic trainers to do this without equivalent education is a serious risk to public safety."*	5/7/25 6:06 pm CommentID:234718

Amelia Bierschbach, Acupuncture Center of Minneapolis	STRONGLY OPPOSE	I strongly oppose this amendment. Athletic trainers should not be allowed to perform invasive procedures on patients, regardless of any training they receive in acupuncture. Furthermore, "dry needling" is simply a renaming of acupuncture, and as such is often performed without the proper background, theory, philosophy, and extensive training provided to LAcs and MDs who perform acupuncture. This is not in the scope of practice of athletic trainers, nor should it ever be. If athletic trainers wish to perform acupuncture on their clients, then they should pursue the proper degree program in their state and become licensed under the appropriate national accrediting body, NCCAOM. The proposed legislation is not only out of scope, it is potentially hazardous to patients and the professional standing of properly trained LAcs and acupuncture doctors across the nation. STRONGLY OPPOSE	5/7/25 6:07 pm CommentID:234719
Don Gates	Strongly oppose	If athletic trainers would like to perform acupuncture in a professional capacity, then they should go to acupuncture school. "Dry needling" is only acupuncture by another name, performed by people with very little training and only basic understanding of the practice. For decades the practice of acupuncture has been tightly regulated in this country, and for good reason. There should be no quickie back-door to legally practicing our medicine, as is true with all licensed medical practices. Standards matter.	5/7/25 6:11 pm CommentID:234720
Patricia Watters	Oppose dry needling by athletic trainers	Hello, I am writing to oppose the use of the dry needling modality by athletic trainers. As a licensed acupuncturist with over four years of training, I see several possible problems with this. Athletic trainers are not therapists and puncturing the skin is much more involved than applying ice or heat or even use of massage therapy. I don't see the working environments as being a safe setting for needles and clean fields necessary for treatment. The use of needles in muscle tissue and other deeper anatomy is a modality that acupuncturists have had extensive training to perform and I would expect anyone licensed to puncture skin to have the same level of training. Thank you for considering my thoughts.	5/7/25 6:19 pm CommentID:234721
Dr. Angela Lipson, DCM, L.Ac.	Strong opposition to the proposed amendment to 18VAC85-120-110	Dear Members of the Virginia Board of Medicine, I am writing to express my strong opposition to the proposed amendment to **18VAC85-120-110**, which would expand the scope of practice for athletic trainers to include dry needling. While I respect and value the work that athletic trainers provide in the care and rehabilitation of patients, the inclusion of dry needling in their scope poses significant concerns regarding patient safety, quality of care, and the integrity of professional training standards. **1. Insufficient Training Compared to Licensed Acupuncturists** Dry needling weekend courses, often comprising as little as 20-50 hours of training, are grossly inadequate when compared to the rigorous education licensed acupuncturists receive. Acupuncturists complete thousands of hours of training in needle techniques, anatomy, orthopedics, safety, and clinical practice. This extensive education ensures a deep understanding of musculoskeletal conditions and the safe, effective use of needles. **2. Patient Safety and Complexity of Musculoskeletal Needling** Patients who require advanced needling techniques—often termed "dry needling"—are best served by licensed acupuncturists. These practitioners are not only proficient in orthopedic and musculoskeletal needling techniques but also possess comprehensive training in recognizing contraindications, managing adverse events, and integrating treatment with Western medical care. Allowing undertrained individuals to perform invasive procedures like dry needling increases the risk of complications, including nerve injury, infection, and punctured organs. **3. Collaborative Care and Optimal Patient Outcomes** Acupuncturists routinely work alongside physicians, physical therapists, and athletic trainers to provide integrative care that achieves the best possible outcomes for patients. Their expertise complements Western medical approaches and contributes to faster recovery, reduced pain, and enhanced function. Diluting the standards for needling practices by permitting inadequately trained practitioners to perform them undermines this collaborative model and may lead to suboptimal results for patients. **Conclusion** For the safety of Virginia's patients and the preservation of high standards in healthcare, I respectfully urge the Board to reject the proposed amendment to expand dry needling privileges to athletic trainers. This decision should prioritize the welfare of patients and uphold the rigorous educational standards necessary for safe and effective needle-based treatments. Thank you for your attention to this important matter. I would welcome the opportunity to provide further information or participate in discussions on this topic. Sincerely, Dr. Angela Lipson, Doctor of Chinese medicine, Licensed Acupuncturist	5/7/25 6:22 pm CommentID:234722
Michael Kotelnicki	What passionate discussion	I am pleased with the passionate discussion this amendment generated. I admire the comments of opposition and the reasons for such thoughts. I do not question the amount of education and training with both professions, I do not doubt the passion of patient access, nor do I belittle the safety concerns brought to the forefront. Both professions hold high level and elite certifications recognized by the Board of Medicine, both professions want patients to have well informed access to their medical provider and congruently hold safety paramount. I did notice many themes throughout the discourse: 1) The comments in opposition were largely acupuncture centric, I would guess nearly all were from acupuncturist. Conversely the comments in favor came from professionals such as physicians, PTs, educators, hospital administrators, dual credentialed rehabilitation professionals, and ultimately a professional that instructs acupuncturist in their art. What a great endorsement for the athletic trainer is to have an individual that actually teaches acupuncturist stating that not only is the athletic trainer a highly qualified medical professional to perform this modality but continued to write that athletic trainers have historically been some of his better students. 2) Multiple states have already endorsed the athletic trainer in the invasive/mechanical modality of dry needling. This would be the case of The Commonwealth now meeting the minimal standards that are now becoming common across our nation to benefit the patient population. 3) This appears to be a "medical turf war". Only one profession opposed this amendment, acupuncturist, whereas multiple AMA recognized medical professions favored. I was proud to be an athletic trainer during the open comment period, no comments belittled the training, education or the profession of acupuncture. In contrast comments referring to athletic trainers as "personal trainers", referring to no or little higher education, not recognizing the required master's degree status, not identifying the education of multiple invasive procedure needed to pass the national certification needed to be licensed in the Commonwealth or the well over 1000 hours of practice needed to be eligible to take our national exam. I was proud that the athletic training profession elevated their comments to uplift patient care, safety and access. Regardless of the outcome of the decision by the Board of Medicine, the athletic trainers of Virginia will continue, along with other medical professionals and professions that endorse this amendment, to strive for patient access to various rehabilitative services and techniques for the betterment of overall health of our fellow Virginias.	5/7/25 6:24 pm CommentID:234723
James Beard	Opposed	*I strongly oppose the amendment to 18VAC85-120-110.* *I've witnessed my wife studying to be an acupuncturist. The commitment and devotion to the craft. It takes that total commitment to treat patients. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists. Allowing athletic trainers to do this without equivalent education is a serious risk to public safety.* *Thank you.*	5/7/25 6:45 pm CommentID:234726
Virginia University of Integrative Medicine	VUIM: Respectful Opposition To Petition 429 As Written	Dear Members of the Virginia Board of Medicine, My name is John Yoo, and I serve as the Chief Executive Officer of the Virginia University of Integrative Medicine (VUIM). I am writing on behalf of VUIM to provide public comment on Petition 429, which seeks to amend regulations to permit licensed Athletic Trainers to perform dry needling. At the outset, we sincerely appreciate the Board's longstanding commitment to professional standards, public health, and patient safety. Our comments are offered in a collegial and constructive spirit, recognizing the valuable contributions that both Licensed Acupuncturists (LAc) and Athletic Trainers (ATC) make to patient care. However, we firmly believe that the proposed regulatory change raises significant concerns regarding training adequacy, patient safety, and professional scope. For clarity, we present our perspective through four key points of discussion: 1. **Dry Needling as a Subset of the Practice of Acupuncture** ◦ Dry needling is widely recognized as a narrow technique within the broader spectrum of acupuncture practice. In essence, Dry needling involves the insertion of solid filiform needles into trigger points, muscular structures, and connective tissues to relieve neuromusculoskeletal pain. Notably, even the definitions used in Athletic Training literature for "dry needling" closely mirror the legal definition of acupuncture. ▪ *The National Athletic Trainer's Association (NATA) defines Dry Needling as: A skilled intervention that uses solid filiform needles to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments.* ▪ *Coupled with the fact that the Athletic Training community has relied on a similarity to the education of Physical Therapists (PT) in discussions about Dry Needling, we can also reference "The Analysis of Competencies for Dry Needling by Physical Therapists" that defines dry needling as "using filiform needles to penetrate the skin and/or underlying tissues to affect change in body structure and function for the evaluation and management of neuromuscular conditions, pain, movement impairments, and disabilities."* ▪ *The Commonwealth of Virginia defines the practice of acupuncture in Chapter 29 of Title 54.1, Section 2900 of the Code of Virginia as "stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body…"* ◦ Given the near-identical nature of the act, dry needling is properly understood as a modality of acupuncture. If the same invasive act is performed using the same instrument, it logically demands the same regulatory oversight. ◦ Additionally, we note that references to physical therapists (PTs) being permitted to dry needle in Virginia are not directly transferable: ▪ Virginia PTs received dry needling authority only after years of legislative debate, research review, and the imposition of minimum training and referral standards. ▪ Other states such as California, New York, and Oregon have explicitly banned dry needling by non-acupuncturists, recognizing the safety risks involved. ◦ Ultimately, each profession must be evaluated individually. Not all healthcare degrees and training programs automatically confer the privilege to perform invasive procedures. 2. **Therapeutic Value, the Need for Sufficient Training, and the Concerns for Athlete (i.e. Patient) Safety** ◦ What is not being disputed is that dry needling represents a valuable form of patient care when performed by a practitioner appropriately trained and skilled in its application. However, the disparity in training between acupuncturists and those certified for dry needling is vast.	5/7/25 7:08 pm CommentID:234729

- Licensed acupuncturists (LAc) in Virginia are required to undergo at least 1,900 hours of accredited graduate-level education through institutions such as VUIM, including extensive clinical internships. Every VUIM graduate completes no fewer than 690 clinical hours devoted entirely to mastering acupuncture needle techniques under professional supervision. By contrast, dry needling certifications often involve only 50–100 hours of coursework, sometimes delivered in weekend workshops.
- Moreover, licensed Acupuncturists must pass national board exams (administered by the National Certification Commission for Acupuncture and Oriental Medicine, NCCAOM) and complete Clean Needle Technique (CNT) certification to ensure competency and safety.
- This is all to say, mastery of a needle technique like dry needling requires more than anatomical knowledge; it demands fine motor skills, needle angle, insertion depth and other deep hazard zone identification, and clinical judgment honed through hundreds of patient encounters.

- Documented adverse events, including pneumothorax, nerve injury, and infection, have occurred when dry needling was performed by minimally trained individuals. Comprehensive training in the use of the needle as -required for licensed acupuncturists - significantly mitigates these risks.

3. **Pathways for Athletic Trainers Interested in Dry Needling**
   - We recognize the genuine interest of many Athletic Trainers (and other Allied Health professions) in expanding their therapeutic skill sets. Rather than creating regulatory shortcuts, we encourage the use of established pathways for safe, comprehensive education:
     - In Virginia, Athletic Trainers can apply their prior education toward advanced standing programs in acupuncture, allowing credit for Western medical coursework and focusing additional study on the theory and techniques of acupuncture competencies.
     - For example, at institutions like VUIM, Athletic Trainers may complete a Master of Science in Acupuncture degree in as little as 18 to 24 months.
   - This approach helps to ensure:
     - Full competency in invasive needle therapies
     - Consistent public safety standards
     - Professional credibility without undermining regulatory integrity.
   - To date and across the country, institutions such as ours have successfully worked with and supported many students from the Physical Therapy and Athletic Training fields on their path toward attaining licensure as an acupuncturist.
4. **Integrative, Team-Based Care that Marries Respect for Each Profession's Scope & Expertise**
   - Time and time again, a growing body of research indicates that Integrative, team-based care models are associated with improved patient outcomes. We have all come to understand that the broad spectrum of healthcare providers serving our collective athlete-patients (i.e. physicians, athletic trainers, acupuncturists, etc.) each bring a unique expertise that, when combined, leads to comprehensive, high-quality patient care.
     - With that being said, a Licensed Acupuncturist would never purport to specialize in surgery or athletic rehabilitation. In the same manner, the performance of invasive needle therapies should remain within the scope of those fully trained and licensed to do so.

In closing, VUIM respectfully opposes Petition 429 as written. We advocate for upholding the highest standards of training, professional excellence, and patient safety for any procedure involving needle insertion. For Athletic Trainers who choose to pursue licensure as Licensed Acupuncturists, the journey offers more than technical skills — it unlocks a deeper, more holistic approach to healing. As an ATC/LAc, you will be uniquely equipped to deliver exceptional, whole-person care, elevating the outcomes you can achieve for your athletes and setting a new standard of excellence in the field. While we encourage athletic trainers interested in dry needling to pursue the rewarding, life-changing academic and professional journey of becoming a licensed acupuncturist, VUIM remains committed to constructive dialogue and partnership on this matter, regardless of its outcome. Our institution's longstanding tradition of training other health care professions (PTs, MDs, ATCs) in the practice of acupuncture, and our deep desire to continue our collaboration with the Athletic Training community, informs our ongoing interest in partnership and dialogue.

VUIM welcomes the opportunity to assist the Virginia Board with additional information or resources to ensure that public health and patient safety remain paramount in any regulatory decisions.

Thank you for your careful consideration.

Sincerely,

John Yoo
Chief Executive Officer
Virginia University of Integrative Medicine
Virginia | New Jersey | Georgia

Anonymous	oppose	Oppose the proposed amendment to 18VAC85-120-110 which permit athletic trainers to perform dry needling. Dry needling is a type of acupuncture technique that requires extensive training. Anyone who perform the dry needling should be held to meet the same education & training standards for acupuncturists. Anything less is a short cut and pose the safety risk for the public. I urge legislators to safeguard the public safety and oppose the amendment to 18VAC85-120-110 which permit athletic trainers to perform dry needling. Thanks.	5/7/25 7:09 pm CommentID:234730
Anonymous	Dry needling is part of acupuncture, should have more strict regulations	Now, more and more other practitioners than acupuncturist want to do dry needling. But dry needling is part of acupuncture that requires practitioners use trigger points. It often used on pain management. But for pain they use local points on neck, shoulder and many other body areas. It can be very dangerous and may cause serious nerve damage if they don't know how far the needle suppose to go in. Acupuncture is a systemic study that require lots of time and deeper training. People who want to use needle to treat body should know channel, points location, indication and contraindications. I disagree with letting other practitioners to do dry needling. Only strict regulations can make the whole treatment more trustworthy for patients. And only using right points can make the treatments more beneficial.	5/7/25 7:14 pm CommentID:234731
Alison Bernasco, L. Ac	Strong opposition to the proposed amendment to 18VAC85-120-110	**I am strongly opposed to the proposed amendment to 18VAC85-120-110. Proper and extensive training is required to needle appropriately and keep patients safe. This proposed amendment would be an issue of public safety.**	5/7/25 7:17 pm CommentID:234732
Illinois Society of Acupuncturists-ILSA	Illinois Society of Acupuncturists opposition to the proposed amendment to 18VAC85-120-110	The Illinois Society of Acupuncturists (ILSA) strongly supports the Acupuncture Society of Virginia (ASVA) in opposing the proposed amendment to 18VAC85-120-110, which seeks to expand the scope of practice for Athletic Trainers to include dry needling. Dry needling is an invasive procedure that involves inserting acupuncture needles into soft tissue. Regardless of what it is called, this is acupuncture—an advanced medical intervention requiring rigorous education in anatomy, physiology, pathology, and clean needle technique, as taught comprehensively in accredited acupuncture and East Asian medicine programs. Our concern is not theoretical—it is grounded in experience. Although Illinois permits Athletic Trainers to perform dry needling, they have never been in compliance with any formal educational requirements or competency examinations to ensure safe and effective practice. There is no evidence of adherence to national standards, no established pathway for proper certification, and no enforcement mechanisms in place. Despite this, the practice continues unchecked—putting public safety at risk and undermining professional standards. In fact, IL compliance entails meaningful educational and clinical competency benchmarks that would require an additional 6 months to 1 year of specialized training—training that is simply not part of their existing curriculum nor do they have the intent to comply further showcasing the lack of intention for patient safety and quality control. We urge the Virginia Board of Medicine to reject this amendment and to uphold the integrity and safety of invasive medical procedures like dry needling. Respectfully, ILSA Board	5/7/25 7:28 pm CommentID:234733
Brian Qu	I oppose this bill	I oppose this bill. As a licensed acupuncture practitioner, I believe this bill seriously undermines the interests of the acupuncture community. Acupuncturists undergo 2,000 to 3,000 hours of rigorous academic training and 960 hours of clinical internship to earn the right to practice. Dry needling is an integral part of acupuncture, and allowing other professions to perform it without equivalent training or certification not only jeopardizes public safety, but also devalues the standards and professionalism of licensed acupuncturists.	5/7/25 7:30 pm CommentID:234734
Yan Fan	Strongly OPOSE, NO Dry needling by Athletic Trainer for Protection Public	We know needle therapy is an invasive procedure on human body surfaces is dangerous for not yet through a strict program training as acupuncturist training in school that person as athletic trainer. Not matter if change a name as "dry needling" that can change needle puncture to human body of risk and dangerous level that same as acupuncturist practices needle therapy. The roughly give a legal permission for athletic trainer to do " dry needling" in VA is a clear, big threat to public safety. I strongly criticize this dangerous exploitation of invasive medical procedures by individuals lacking proper training, licensure and oversight. Dry needling is a modern name for an ancient of acupuncture technique called " ARSHI" points acupuncture by Chinese. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) clear states that dry needling falls under the scope of acupuncture, defined as "the insertion of thin solid needles into anatomical locations to treat disease, injury, pain, or dysfunction". Attempts to rebrand this ancient practice under a different name do not alter its inherent risks or threat. The consequences of unqualified practice is dangerous. 10 years ago Richmond News reported 4 people injured by dry needling -punctured lungs, caused pneumothorax?lower extremity nerve damage, that directly linked to improper needling by some one rough training of practitioner.	5/7/25 7:54 pm CommentID:234735
Weiwei	I strongly oppose the amendment.	*I've spent over 1,900 hours studying anatomy, needle technique, clean needle safety, and supervised clinical practice to become a licensed acupuncturist. Granting dry needling privileges to athletic trainers, who do not undergo similar training, is dangerous and irresponsible. I strongly urge the Board to deny this amendment.*	5/7/25 8:02 pm CommentID:234736
Azure Duan	50 hours of training in dry needling is a threat to patient's safety	A veterinarian needs 2 years of training to insert filiform needles into the body of animals. However, some healthcare groups, or even non-healthcare groups, want to take an extremely irresponsible short cut to insert needles into the body of a human being with only 50 hours of training. That is insane! If they want to do dry needling, they need to have sufficient training to reduce the chance of causing severe adverse affect including pneumothorax (puncture of the lung), infection and nerve damage. Sufficient training of dry needling by a non-MD healthcare provider means equivalent to that of an acupuncturist.	5/7/25 8:05 pm CommentID:234737
B.A.	NO Dry Needling by	I'm a patient.	5/7/25 8:14 pm

	AT&#65533;s	I want to be safe. No dry needling by people who are not properly trained. Thank you so much for protecting our health & safety.	CommentID:234738
Washington Acupuncture and Eastern Medicine Association	Washington Acupuncture and Eastern Medicine Association Strongly Opposes	**Washington Acupuncture and Eastern Medicine Association stands in opposition to the proposed amendment to 18VAC85-120-110** Washington Acupuncture and Eastern Medicine Association (WAEMA) supports the Acupuncture Society of Virginia (ASVA) in opposing the proposed amendment to 18VAC85-120-110, which seeks to expand the scope of practice for Athletic Trainers to include dry needling. Dry needling is an invasive procedure that involves inserting acupuncture needles into soft tissue. While many Western practitioners try to claim that dry needling is a physical modality and acupuncture is "only" a channel-based or energetic modality, this is factually untrue. Dry needling, the use of filiform needles that do not inject substances, is acupuncture. Acupuncture is both energetic and physical and cannot be differentiated from dry needling. Regardless of what it is called, acupuncture is an advanced medical intervention which requires rigorous education in anatomy, physiology, pathology, and clean needle techniques. This is taught comprehensively in accredited acupuncture and Eastern medicine programs. Our concern is grounded in experience as Washington state has seen a number of non-acupuncture practitioners take up dry needling. We are starting to see injuries and poor experiences surface from patients who were treated by those who are poorly educated or practiced. This continues to put public safety at risk and undermines professional standards. In WA state, the only practitioners who can perform dry needling are acupuncturists, MD, DO, ARNP, Naturopaths, and Physical Therapists with over 300 hours of additional training and practice. These are all doctoral level professions and even then we have seen injuries arise due to the invasive and complex nature of the practice. WAEMA urges the Virginia Board of Medicine to reject this amendment and to uphold the integrity and safety of invasive medical procedures like dry needling. Respectfully, WAEAMA Board	5/7/25 8:18 pm CommentID:234739
Steven	Please Protect Patients. Only Acupuncturists.	I got hurt from dry needling that my Physical Therapist did. She hurt my arm & it took me a long time to get better again. Only acupuncturists should do this. Thank you	5/7/25 8:18 pm CommentID:234740
Anonymous	OPPOSE	Dry needling needs to be practice safely. The only way to ensure safety is enough training, and it should be done by healthcare professionals. It takes years for healthcare professionals to study the techniques rigorously. Anything less than would be dangerous, prone to severe emergency situations such as damage to the lungs and other organs.	5/7/25 8:18 pm CommentID:234741
Qingyu Liang	Oppose	@????? AAPAS?????????????????????????????"????"??????????? ???????????????????????????? AAPAS????????????5/7 ??????????????18VAC85-120-110???????????????????????????? ?? ???????????????????????????? ?????????????????????????? ???????????????????????????? ????——??????????? ?????????????????? subject: oppose ??????copy /paste???????? ?????progress ?? ?????????????enter comment? ?????????????subject:oppose , paragraph: ?????? ??????????????? ?submit https://townhall.virginia.gov/l/Comments.cfm?petitionid=429 I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling.	5/7/25 8:35 pm CommentID:234742
Anonymous	Oppose to P/T practicing dry needling	The so called dry needling IS Acupuncture. P/T have no sufficient knowledge and training to perform such procedure.	5/7/25 8:38 pm CommentID:234743
Ash Ledford, LAc.	Oppose	As a licensed acupuncturist who had to do 8 years of school, pass 3 national board exams, get certified in Clean Needle Technique, and who has to do continuing education every year specifically in acupuncture, I feel like I am living a surreal experience every single time someone who is NOT an acupuncturist proceeds to tell me what acupuncture is. Does no one notice that the literal definition of acupuncture is what "dry needling" is defined as? What kind of needles are being used for it? Acupuncture needles. What kind of electro machines? Ones meant for acupuncture needles. Everything that I have heard a physical therapist or chiropractor or athletic trainer say about acupuncture is wrong. I am quite tired of having someone try to explain my own profession to me. I was taught orthopedic and trigger point acupuncture in school, why else would they make the needles 3, 4, 5 inches long? What is the point of making them that size if "acupuncture is different from dry needling because acupuncture needles don't go into muscle tissue"- something I have had repeated back to me from PTs/ATs constantly. 95% of acupuncture points inherently overlap with trigger points in the body (https://www.sciencedirect.com/science/article/abs/pii/S0415641208001239), so how can anyone say that acupuncture and "dry needling" aren't treating the exact same things. In which case, they can't give a new name to something that already exists. So now that we've established that there is no difference between dry needling and acupuncture, this comes down to professional integrity. Each of our professions is extremely important to patient care. Yes we are all trained in anatomy but our specializations are vastly different and should be respected as such. We have to uphold higher standards within the medical community and that means proper regulation by each of our respective boards. Using acupuncture needles to perform acupuncture techniques does not fall under the scope of practice of anyone other than acupuncturists. Please oppose this bill.	5/7/25 8:40 pm CommentID:234744
Anonymous	Oppose to AT practicing dry needling	**Oppose to AT practicing dry needling** The so called dry needling IS Acupuncture. AT have no sufficient knowledge and training to perform such procedure. Correction to CommentID: 234743	5/7/25 8:41 pm CommentID:234745
Tim Baglio L.Ac	Opposed to physical therapists / athletic trainers performing dry needling	People practicing acupuncture should be acupuncturists!	5/7/25 8:46 pm CommentID:234746
Anonymous	acupuncturist	no	5/7/25 9:04 pm CommentID:234748
Anonymous	Strongly oppose	I very strongly oppose the amendment to 18VAC-85-120-110. Dry needling is an invasive technique that should only be qualified by trained, licensed acupuncturists. Allowing athletic trainers to do this without equivalent training is a serious risk to public safety. Acupuncturists have over 1900 hours of training in needling technique, clean needle safety, and supervision by Licensed Acupuncturists. In my training as an acupuncturist, I have over 500 hours of training in western medicine in areas such as internal medicine, gynecology, pediatrics, orthopedics, neurology, and psychiatry. Does this qualify me to practice western medicine in any of these areas? Of course not. And neither will the short course in dry needling for Athletic trainers qualify them to safely and effectively insert needles into their clients. I have had numerous patients come to my office stating that they had dry needling by someone other than a LAc., and it was painful and/or didn't work. I respectfully urge the Board to deny this amendment.	5/7/25 9:44 pm CommentID:234751
Jianfeng Zheng	Oppose	I am writing to express strong opposition to the proposed amendment to 18VAC85-120-110, which would permit athletic trainers to perform dry needling. Dry needling is an invasive procedure that requires in-depth knowledge , specialized clinical training, to develop the safety needling technique as a licensed acupuncturist. Insufficient education and training will cause potential complications such as infection, nerve damage, or pneumothorax This proposal threatens public safety, increases risk and liability to the Board of Medicine, and undermines the rigorous education and licensure standards that licensed acupuncturists must meet and are enacted by Virginia Law and regulations. I urge the Board to reject this amendment and uphold the standards that ensure only properly trained professionals are permitted to perform dry needling. I strongly oppose 18VAC85–120-110! Jianfeng Zheng	5/7/25 9:51 pm CommentID:234752

Anonymous	Oppose	Oppose	5/7/25 9:54 pm CommentID:234753
Kyung Lee	Strongly oppose	I received my Master's degree in Chinese medicine, over a course of 4 years, studying anatomy, needle technique, clean needle safety, and supervised clinical practice to become a licensed acupuncturist. Granting dry needling privileges to athletic trainers, who do not undergo similar training, is not in the best interest of patients and unfair to acupuncturists. There is a reason we receive licensure in our own fields. I strongly urge the Board to deny this amendment.	5/7/25 9:56 pm CommentID:234754
Anonymous	Strongly oppose	As someone who has received acupuncture for years, I oppose the amendment to 18VAC85-120-110. Dry needling is an invasive technique that should only be performed by trained, licensed acupuncturists. Allowing athletic trainers to do this without equivalent education is a serious risk to public safety and diminishes the amount of work and education that acupuncturists must go through to become licensed practitioners.	5/7/25 10:04 pm CommentID:234755
Anonymous	Reject	It's unfair to acupuncturist	5/7/25 10:12 pm CommentID:234756
Dr. Ashley	I Support Dry Needling for Athletic Trainers	Good evening, I want to give my support to athletic trainers and their desire to add dry needling to the state practice act. It should be common sense that healthcare professionals, including athletic trainers, receive the consent of the patient before the use of any therapeutic intervention. It is also common sense that all therapeutic interventions need to move a patient towards achieving their patient-centered goals in an ethical and safe manner. It is my belief that existing regulations entrust that athletic trainers are competent with both their knowledge and skills. Additionally, existing regulations demonstrate that the Virginia Board of Medicine believes that licensed athletic trainers are more than capable of choosing and applying therapeutic interventions that best serve their clientele in an ethical and safe manner. It is my belief that the same high ethical standards and safety would be followed if dry needling was added to the athletic training practice act. Some opposing posts make it sound like athletic trainers have very little knowledge in anatomy and physiology and thus will evoke debilitating patient outcomes if allowed to practice dry needling. This is far from the truth. Anatomy and Physiology are at the core of many classes within the professional athletic training curriculum; a curriculum that produces multi-skilled health care professionals specifically trained in the prevention, examination, diagnosis, treatment and rehabilitation of medical conditions and emergent, acute and chronic injuries. Additional opposition posts make it sound like athletic trainers want to stick everyone in the Old Dominion with needles (i.e., dry needles). This, too, is far from the truth. Any clinically competent clinician would agree with the Hippocratic Oath and follow a "system of regimen which, according to my ability and judgment, I consider for the benefit of my patients." In other words, I believe that once dry needling is added to the athletic training practice act that athletic trainers would choose to use dry needling only when it benefits the patient. Risk is another point that the opposition makes. Their statements may be summarized in this manner, "because athletic trainers are not knowledgeable of traditional Chinese medicine, athletic trainers pose a higher risk implementing dry needling." First, risk is inherent in everything that a human encounters and participates. Second, risk is also modifiable; therefore, risk can be reduced. Take therapeutic cupping for example, historical Chinese medicine used a flammable fluid inside of therapeutic cups and ignited it before placing them on the patient. As you can imagine, some patients received severe burns from this practice. The therapeutic cups that athletic trainers use to treat patients, are applied through less risky means that does not subject the patient to burns yet yields the same therapeutic benefit. As I am near the end of my post, I would like to draw your attention to Sue Falsone's post on the afternoon of April 28, 2025. I believe that you will gain valuable insight into the art of dry needling and additional perspectives from an athletic trainer with years of experience treating patients. Like Sue, I see benefits of adding dry needling to the athletic training practice act. Thank you for the opportunity to voice my opinion and ask that the Virginia Board of Medicine approves and adds dry needling to the athletic trainers' practice act. Dr. Ashley	5/7/25 10:25 pm CommentID:234757
Patrice Hapke, Acupuncturist	STONGLY OPPOSE	Allowing athletic trainers to "Dry Needle" is ludicrously dangerous. Already, PTs have caused more pneumo-thoraxes in the one year they have been allowed to dry needle than acupuncturists have in 50 years, and they at least have allopathic anatomy and physiology courses. Trainers?? What qualities a trainer to insert needles for therapeutic benefit? NOTHING. This would only increase the adverse outcomes of Dry Needling.	5/7/25 10:27 pm CommentID:234758
ML Williams	Strongly Oppose	As a current acupuncture student at Maryland University of Integrative Health, I am strongly opposed to the proposed amendment to 18VAC85-120-110. Dry needling is an invasive technique that requires deep knowledge of anatomy, pathology, and precise needle insertion skills—knowledge that we gain through thousands of hours of academic coursework and supervised clinical training. Allowing athletic trainers to perform dry needling without this comprehensive education puts the public at serious risk. As someone who is dedicating years to safely and effectively learn this medicine, I urge the Board to protect patient safety and uphold professional standards by denying this amendment.	5/7/25 10:28 pm CommentID:234759
Dr. Blackmon, DAcHm, L.Ac	Strongly Oppose	As a Doctor of Acupuncture, I strongly oppose the proposed amendment to 18VAC85-120-110. Dry needling is an invasive medical procedure that should only be performed by licensed acupuncturists with comprehensive training. Permitting athletic trainers to perform this technique without equivalent education and clinical experience poses a significant risk to public safety. I have completed over 2,000 hours of rigorous academic and clinical training in Acupuncture & Integrative Medicine. The practice of acupuncture has already suffered from misrepresentation through the rebranding of our medicine as "dry needling." To now further erode its integrity by lowering the standards for who may perform it is both reckless and disrespectful to the profession and the public. It is important to note that when adverse events associated with "acupuncture" are reported, they are overwhelmingly linked to inadequately trained individuals performing dry needling, not to board-certified, highly trained acupuncturists. This amendment further endangers patients and undermines the very standards designed to protect them.	5/7/25 10:30 pm CommentID:234760
Natural Way health Center	CEO	I strongly oppose the proposal to allow Athletic Trainers to perform dry needling. Despite the different name, dry needling is an invasive procedure virtually identical to acupuncture, involving deep needle insertion near nerves, muscles, and blood vessels. Performed improperly, it can cause pneumothorax, infection, or nerve damage. Licensed acupuncturists undergo thousands of hours of specialized education and clinical training, and must pass rigorous national and state board exams. Athletic Trainers do not receive this level of training in needling techniques. Allowing them to perform dry needling without such qualifications puts patients at serious risk and increases the liability burden on regulatory boards. This proposal undermines established professional boundaries and sets a dangerous precedent. Dry needling should only be performed by licensed acupuncturists with proper training. Please reject this proposal to protect public safety and uphold professional healthcare standards.	5/7/25 10:34 pm CommentID:234761
Kevin Lu	Dry needling is essentially acupuncture	Dry needling is essentially acupuncture. Individuals who have not graduated from a formal acupuncture college and who do not hold a valid acupuncture license are not permitted to perform acupuncture. Otherwise, patients may face significant medical risks.	5/7/25 10:39 pm CommentID:234762

Tiffany Tuftee, L.Ac, QME	DON'T BE FOOLED, DRY NEEDLING IS A FORM OF ACUPUNCTURE, PROTECT THE PUBLIC	Dear Virginia Board of Medicine,
		
		I am writing to express **strong opposition** to Petition18VAC85-120-110 , which seeks to amend 18VAC85-120-110 to permit athletic trainers to perform **dry needling**.
		
		Dry needling is an **invasive procedure** that involves penetrating the skin with solid filiform needles to stimulate muscle tissue. It carries **real clinical risks**—including infection, nerve injury, pneumothorax, and in some cases death. Dry Needling requires extensive knowledge of anatomy, physiology, biochemistry and clean needle technique. Athletic trainers do **not** receive the depth or breadth of education in these critical areas during their core curriculum to ensure safe performance of this technique.
		
		By contrast, licensed acupuncturists in Virginia have
		
		• **At least 1,800 hours of entry-level education in acupuncture**, of which:
		  ◦ **Didactic (classroom) instruction must be at least 1,500 hours**
		  ◦ **Clinical training must be at least 300 hours**, including supervised patient care
		
		Most acupuncturists far exceed these minimums through accredited master's or doctoral programs, often completing **3,000+ total hours** of combined education and clinical training.
		
		Expanding the scope of athletic trainers to include dry needling would:
		
		• **Jeopardize patient safety** by allowing inadequately trained individuals to perform invasive care;
		• **Dilute professional standards**, undermining the integrity of established health professions!
		• **Increase risk of harm** to the public, especially athletes and youth under athletic care.
		
		I urge the Board to **deny this petition** and reaffirm its commitment to protecting public health by ensuring that invasive procedures like dry needling remain in the hands of highly trained, licensed acupuncturists
		
		Thank you for your time
			5/7/25 11:06 pm CommentID:234763

Dr Juliann Lyons	Opposed to ATC dry needle	To whom it may concern I am opposed to the idea of athletic trainers performing the action of inserting needles into athletes, also called dry needling. Athletic trainers are not given the in-depth knowledge of anatomy and Neuro anatomy that is Necessary to understand to form any kind of invasive procedure such as inserting, any kind of needle, acupuncture, needle, or hypodermic needle into a person in this case, athletes and usually of college age level. This would be considered a very unsafe and potentially hazardous and dangerous procedure for an athletic trainer to conduct. Having had many courses in athletic training and studied it prior to my degree in both physical therapy and in traditional Chinese medicine as an acupuncturist, I can certainly speak of the experience and knowledge of knowing that this kind of insertion of needles also called dry needling is not appropriate for an athletic trainer to perform	5/7/25 11:11 pm CommentID:234764
Anonymous	AT Dry Needling	Athletic Trainers should be able to dry needle! Why spend all the extra money on multiple different providers when you have fully capable, certified individuals who can do it?	5/7/25 11:17 pm CommentID:234765
Dr. Yasi Ayat,	Strongly Oppose Dry	**Strongly Oppose Dry Needling for Athletic Trainers**	5/7/25 11:22 pm

DACM, L.Ac.	Needling By Athletic Trainers	I am a Doctor of Acupuncture and licensed by the state of Virginia as well as Nationally board-certified. I strongly oppose this dangerous amendment that would bypass measures integral to maintaining patient safety and proper oversight in the medical field. **Dry Needling is an Aggressive Acupuncture Technique** The opinion that dry needling is not acupuncture is incorrect. While the term "dry needling" is a western term, the technique is clearly described in many ancient acupuncture texts dating back thousands of years. It is a technique that is taught in every acupuncture school and routinely utilized when treating patients with musculoskeletal concerns. That said, dry needling is a very aggressive acupuncture technique and is often not the best choice for a patient. Trained and licensed acupuncturists take a complete health history and after a lengthy intake and exam, decide on the modalities and techniques that are best for the patient. Dry needling generally uses acupuncture needles that are much thicker than ones used in other acupuncture techniques. When dry needling, sometimes it is necessary to use very long needles (4") and go through layers of muscles and navigate around vital organs. This is a very delicate procedure and carries a risk of side effects including local and systemic infection, organ puncture, excessive bruising and bleeding, fainting, dizziness, nausea, reduction in energy and the inability to participate in activities of daily living. A properly trained and licensed acupuncturist has the knowledge to avoid and reduce these risks. Athletic trainers would only have this needling technique at their disposal (which they learn in an inadequately short course) and the likelihood of applying this invasive procedure to patients for whom it is contraindicated, is very high. Athletic trainers are educated on many other less invasive modalities that they can safely use to just as effectively treat their clients without the higher risks inherent in dry needling. **FDA Classification of Acupuncture Needles Used in Dry Needling** The Food and Drug Administration states that acupuncture needle sales must be restricted to qualified acupuncture practitioners. Dry needling uses the exact same acupuncture needles as those used in other acupuncture techniques. These needles are FDA-regulated Class II medical devices and according to the FDA, their sales "must be clearly restricted to qualified practitioners of acupuncture as determined by the States." https://www.govinfo.gov/content/pkg/FR-1996-12-06/pdf/96-31047.pdf **Inadequate Training & Oversight** Acupuncturists are required to undergo a minimum of over 2000 hours of training including almost 700 hours of clinical training directly involving needles. Acupuncturists are required to pass rigorous national (and in some cases state) board exams and have very strict oversight and continuing education requirements. Medical Doctors who perform dry needling and other acupuncture techniques have to undergo 300 hours of training in addition to their medical school education. Allowing a short course in an invasive acupuncture technique to be deemed adequate training is dangerous and poses a grave risk to public safety **The American Medical Association's Policy H-410.949: Dry Needling is an Invasive Procedure** The American Medical Association has a policy on dry needling and recognizes the invasive nature of this acupuncture technique. "Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists." https://policysearch.ama-assn.org/policyfinder/detail/dry%20needling?uri=%2FAMADoc%2FHOD-410.949.xml **American Academy of Medical Acupuncture's Policy on Dry Needling** Some excerpts from the AAMA's policy on dry needling: "The American Academy of Medical Acupuncture (AAMA) is the premier North American organization of physician acupuncturists. The AAMA is committed to insuring public health and safety by ensuring that all persons practicing any type of medicine, including acupuncture, are properly trained and educated. It is imperative that courts and medical bodies maintain and preserve strict standards of education and training in acupuncture before any person undertakes inserting a needle in to a patient. An ill-trained practitioner could, as a result of lack of education or ignorance, cause substantial medical injury." "Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists." https://archive.legmt.gov/content/Committees/Interim/2015-2016/Economic-Affairs/Meetings/Aug-Sept-2015/DryNeedlingPolicyAAMA.pdf The current training and regulations in place for Athletic Trainers does not provide the proper education or oversight for this invasive treatment. I ask the committee to hold the health and safety of the citizens of Virginia in mind and dismiss this hasty amendment that undermines medical safety, erodes public trust and endangers patient health while offering little in return. I appreciate your time. Sincerely, Dr. Yasi Ayat, DACM, L.Ac.	CommentID:234766
Ningjiang Cheng	Opposition to Dry Needling by Athletic Trainers	Honorable representatives, I write to express my strong opposition to the proposed amendment to **18VAC85-120-110**, which seeks to allow **athletic trainers** to practice **dry needling** without meeting the rigorous standards required for licensed acupuncturists. This proposal poses a **significant risk to public health and safety**, undermines the integrity of established **healthcare regulations**, and may lead to **avoidable medical complications** due to insufficient practitioner training. First of all, dry needling is a type of acupuncture by definition and practice. As such, we should stop using the term "dry needling" to avoid causing confusion in the public and creating many potential legal issues. Any insertion of needles into **muscle tissues**, requiring a **comprehensive understanding of anatomy, neurophysiology, and sterile technique** to prevent adverse effects such as **nerve damage, infections, and pneumothorax**. Licensed acupuncturists undergo **accredited master level education**, including extensive foundational medicine study (in both Chinse Medicine and western medicine) and supervised clinical training, ensuring that they practice with the necessary expertise and safety measures. In contrast, the so called "dry needling" receives just minimal instruction on needling techniques, increasing the likelihood of **unsafe procedures** that could endanger patients. Furthermore, this amendment sets a **dangerous precedent**, diluting healthcare standards and potentially placing **patients at risk** due to inadequate oversight. The **Virginia Board of Medicine** must prioritize patient safety by upholding strict professional licensure requirements for any invasive procedures. I urge you to **reject** this proposal and uphold the integrity of healthcare practices in Virginia. **Public health and safety must remain the foremost priority** in all regulatory decisions. Thank you for your time and consideration. Respectfully,	5/7/25 11:54 pm CommentID:234767

		Ningjiang Cheng	
Diplomate Asian Bodywork Therapy (NCCAOM)	Understanding of the medicine of acupuncture is a 10 year project	I believe that understanding the energy flows and bioelectric polarity of the body that informs the theory of accupoint therapies is a prerequisite for this type of manipulation. There is sufficient documentation from many sources to show that energy medicine is a real phenomena that can be understood using Chinese - Japanese accupoint theories and one should have at least 2 years of training before working with clients.	5/8/25 12:07 am CommentID:234768

Agenda Item: **Licensing Report**

Staff Note: Mr. Sobowale will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: **Discipline Report**

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: None anticipated.

Agenda Item: **Report of the Nominating Committee**

Staff Note: The Committee met at 7:45 a.m. to develop a slate of officers for next year.

Action: Approve the slate as presented or develop an alternate slate.

Agenda Item: **Approval of the DRAFT 2026 Meeting Calendar**

Staff Note: For your review.

Action: Motion to accept or recommend alternate dates.

DRAFT

Virginia Board of Medicine
2026 Board Meeting Dates

Full Board Meetings

February 19-21	DHP/Richmond, VA	BR Rooms TBA
June 4-6	DHP/Richmond, VA	BR Rooms TBA
October 15-17	DHP/Richmond, VA	BR Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 3	DHP/Richmond, VA	BR Rooms - 4/TR2
August 7	DHP/Richmond, VA	BR Rooms - 4/TR2
December 4	DHP/Richmond, VA	BR Rooms - 4/TR2

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 9	DHP/Richmond, VA	BR Rooms - 4/TR 2
May 8	DHP/Richmond, VA	BR Rooms - 4/TR 2
September 4	DHP/Richmond, VA	BR Rooms - 4/TR 2

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Joint Boards of Medicine and Nursing – Wednesday @9:00

TBA

Advisory Board on:

Behavioral Analysts			**10:00 a.m.**
Mon –February 2	May 11	September 28	
Genetic Counseling			**1:00 p.m.**
Mon - February 2	May 11	September 28	
Occupational Therapy			**10:00 a.m.**
Tues – February 3	May 12	September 29	
Respiratory Care			**1:00 p.m.**
Tues - February 3	May 12	September 29	
Acupuncture			**10:00 a.m.**
Wed - February 4	May 13	September 30	
Radiological Technology			**1:00 p.m.**
Wed - February 4	May 13	September 30	
Athletic Training			**10:00 a.m.**
Thurs - February 5	May 14	October 1	
Physician Assistants			**1:00 p.m.**
Thurs - February 5	May 14	October 1	
Midwifery			**10:00 a.m.**
Fri - February 6	May 15	October 2	
Polysomnographic Technology			**2:30 p.m.**
Fri - February 6	May 18	October 2	
Surgical Assisting			**10:00 a.m.**
Mon - February 9	June 16	October 5	

Agenda Item: **Board Member Terms**

Staff Note: Dr. Harp will acknowledge.

Action: None anticipated.

Full Board - FY 2025

Peter J. Apel, MD, Vice-President 1st Term Expires June 2026 District: 6 - Roanoke	**L. Blanton Marchese** 1st Term Expires June 2025 Citizen Member – N. Chesterfield
John R. Clements, DPM, President 1st Term Expires June 2026 Podiatrist – Roanoke	**Patrick McManus, MD** 1st Term Expires June 2027 District: 7 Fredericksburg
Kamlesh Dave, MD 1st Term Expires June 2028 District: 4 - Chester	**Ken McDowell, DO** 1st Term Expires June 2028 Osteopath – Fredericksburg
Hazem A. Elariny, MD 1st Term Expires June 2026 District: 8 – McLean	**Michele Nedelka, MD** 1st Term Expires June 30, 2028 District: 2 - Virginia Beach
Deborah DeMoss Fonseca 1st Term Expires June 2027 Citizen Member – Mclean	**Pradeep Pradhan, MD** 1st Term Expires June 2025 District: 5 – Danville
William Hutchens, MD 1st Term Expires June 2026 District: 11 – Great Falls	**Jennifer Rathmann, DC** 1st Term Expires June 2025 Chiropractor - Blacksburg
Oliver Kim 1st Term Expires June 2025 Citizen Member - Alexandria	**Mark Simcox, MD** 1st Term Expires June 2028 District: 9 - Abingdon
Elliott Lucas, MD 1st Term Expires June 2027 District: 3 – Hampton	**Leroy Brown Vaughan, Jr., MD** **Secretary/Treasurer** 1st Term Expires June 2028 District 1 – Henrico
Krishna P. Madiraju, MD 1st Term Expires June 2026 District: 10 – Ashburn	**VACANT, Citizen** Unexpired Term Expires June 2027

Agenda Item: **Possible Consideration of Consent Order(s)**

Staff Note: Ms. Deschenes will provide information on these matters.

Action: Approve or modify the orders.



- Next Meeting Date of the Full Board is October 30-November 1, 2025 . Please check your calendars and advise staff of any known conflicts that may affect your attendance.

- The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30-day deadline, please provide a justification for the late submission and be aware that it may not be approved.

- In order for the agency to be in compliance with the travel regulations, please submit your request for today's meeting no later than

July 26, 2025